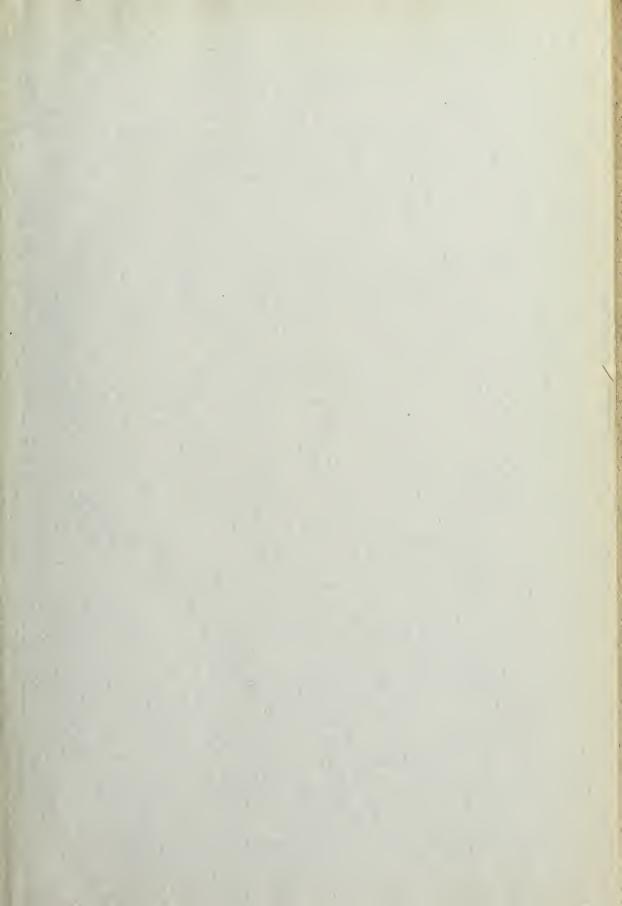
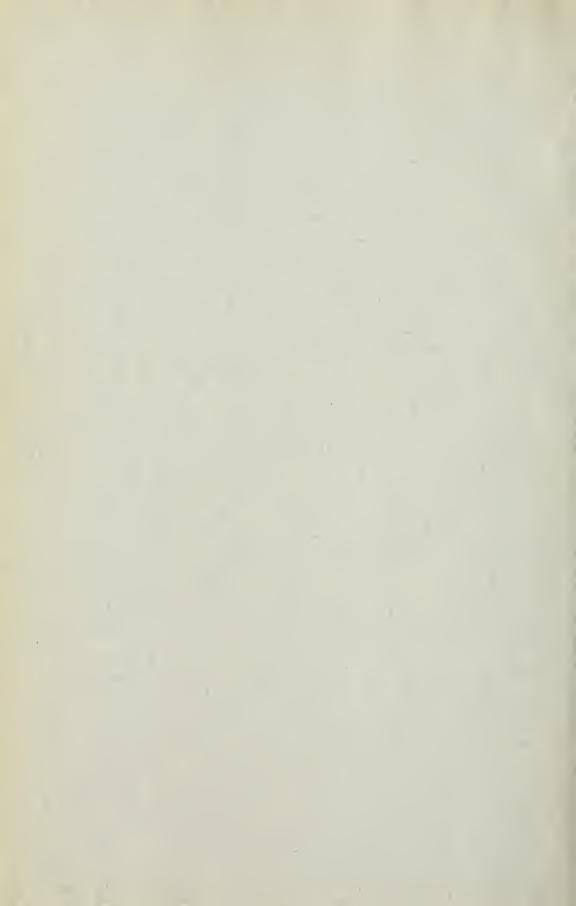


Boston Medical Library 8 The Fenway





Digitized by the Internet Archive in 2016



THE JOURNAL

Local of or



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 1.

August, 1920.

\$2.00 per year

Gastron

A new gastric-gland extract (alcohol free)

Affords a means of fortifying and promoting gastric function under clinical conditions. It is qualified for this service by the fact that it is a complete gastric-gland extract, actually representative of the gastric gland tissue juice in all its properties and activities—activating, digestive, antiseptic.

'Gastron has found wide acceptance under the 'considerate thought' of the physician, to whom it is submitted—success follows its use.

Fairchild Bros. & Foster New York

OFFICERS.

2nd Vice-Pres.—James McFadyen, Milo. President—T. E. Hardy, Waterville, 2nd Vice-Pres.—James are and Sec. and Treas.—B. L. Bryant, Bangor. 1st Vice-Pres.—G. R. Campbell, Augusta,

BOARD OF COUNCILORS.

First District,	J. F. Thompson, Portland,	Term e	expire	s 1921.
Second District,	E. V. Call, Lewiston,	6.6	166	6.4
Third District,	W. E. Kersliner, Bath,	"	"	1923.
Fourth District,	F. H. Badger, Winthrop,	6.6	6.6	"
Fifth District,	Lewis Hodgkins, Ellsworth,	"	4.6	1922.
Sixth District,	C. H. Burgess, Bangor,	4.4	"	"

CONSTITUENT COUNTY SOCIETIES.					
COUNTY.	PRESIDENT.	SECRETARY.			
Androscoggin,	L. F. Hall, Lewiston,	L. O. Roy, Lewiston.			
Aroostook,	F. W. Mitchell, Houlton,	F. E. Bennett, Presque Isle.			
Cumberland,	F. J. Welch, Portland,	E. E. Holt, Jr., Portland.			
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.			
Hancock,	F. Fremont Smith, Boston, Mass.	Geo. A. Neal, Southwest Harbor.			
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.			
Knox,	W. M. Spear, Rockland,	C. D. North, Rockland.			
Oxford,	O. S. Pettingill, Heborn	W. T. Rowe, Rumford.			
Penobscot,	W. E. Fellows, Bangor,	H. D. McNeil, Bangor.			
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxcroft.			
		C. N. Stanliope, Dover, Acting.			
Sagadalioc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.			
Somerset,	W. G. Sawyer, Madison,	C. E. Richardson, Skowhegan.			
Waldo,	Eugene L. Stevens, Belfast,	Carl H. Stevens, Belfast.			
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.			
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.			

TABLE OF CONTENTS

Original Articles—		Miscellaneous—	
President's Address	3 14	Book Reviews	
Editorial Comment— Patent Foods in Infant Feeding	19	Data Required on Official Narcotic Order Forms New and Non-Official Remedies	26 27

PORTLAND SCHOOL OF LIP-READING

For the Hard-of-Hearing and Deaf Adult

MULLER-WALLE METHOD

Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS

MISS MARGARET J. WORCESTER 65 Thomas Street, Portland, Maine

FOR SALE

Physician's practice and residence, office, stable and garage. Hot and cold running water, bath room, all modern conveniences. Manufacturing town, easy competition.

ADDRESS X, Care of Journal.

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St., - Portland, Me.

TELEPHONE NUMBER 82440

NOW IS THE TIME!

To Install The Betz, Sanitary Waste Bucket in Every PHYSICIAN'S OFFICE, HOSPITAL, SCHOOL and HOME

Safeguard the health of your patients and family by the use of one of these MODERN resceptacles

PREVENT THE FLY

PREVENT DISEASE

Automatic self-closing cover controlled by foot lever enables you to dispose of refuse without touching hand to pail. Finished white enamel with removable galvanized pail inside. Made in two sizes only.

6X1100. 12 quart.....\$5.00

20 quart.....\$5.50

FRANK S. BETZ CO.

CHICAGO, 30 E. Randolph St.

HAMMOND, IND.

NEW YORK, 6-8 W. 48th St.

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address:

For Particulars and Rates write to FRANCIS J. WELCH, M.D.

698 CONGRESS STREET

EAST PARSONSFIELD, MAINE

THE BOWDOIN MEDICAL SCHOOL

Addison S. Thayer, Dean, 10 Deering Street, - P

Portland, Maine



Dr. Leighton's Hospital PORTLAND, MAINE

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Portland, Maine

Telephones { 1318 | 1406

New England Laboratories

Clinical Analytical Markarian Building

175 State Street

Springfield - Massachusetts

The diagnosis of Syphilis can never be definite nor the treatment complete without the Wasserman reaction. To be of definite value the test must be performed by a trained serologist, and more than one antigen employed. We are using three different antigens and are equipped for any modification of the Wasserman reaction.

Containers and Fee Lists upon request.

Director George L. Schadt, M. D.

Telephone River 368-W

The STORM ABDOMINAL SUPPORTER

Adapted to Use of Men, Women and Children and Babies FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREG-NANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.







Special Kidney Belt

Washable as Underwear

Inguinal Hernia Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA

The Cascara Mouse

AS introducers of Casçara Sagrada to the medical profession, as students of the therapeutics of the drug for many years, as inventors of new processes in Cascara manufacture, as creators of a world-wide demand for Cascara products, we are justly entitled to the designation of "The Cascara House."

The medicinal value of Cascara Sagrada was unrecognized until we introduced the drug to physicians in 1877. At that time our research work was devoted to the vegetable materia medica. Synthetic chemistry and biological therapy were practically unknown.

Cascara was one of the important discoveries made during this period. For years, with the aid of men eminent in botany, chemistry, pharmacology and therapeutics, we labored to establish the position of Cas-

cara Sagrada as a medicinal agent, and among other things we directed it to the attention of the British Medical Association at a meeting held in Cork, Ireland, in 1879.

That our original estimate of the drug was not exaggerated has been proved by subsequent history. Cascara Sagrada has maintained its reputation as a tonic laxative, and it has come to be recognized by the Pharmacopæias of all civilized nations.

We were not only pioneers in the introduction of Cascara, but throughout all the years which have since intervened we have devoted time and money and experimentation to the improvement of Cascara preparations. We have studied the subject exhaustively. The fruit of this long investigation is now to be seen in a line of products that are the acknowledged leaders in their field.

Parke, Davis & Company

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

AUGUST, 1920.

No. 1

*PRESIDENT'S ADDRESS.

By H. B. Mason, M. D., Calais, Me.

"Address by the President"—a custom at this session to be honored more in the breach than in the observance, in the belief that your time will be better occupied in the consideration of the affairs of the Association than in listening to dry as dust disquisitions or vain attempts at oratory.

Chance and change have, as ever, been busy during the year that is past. We miss familiar faces, we greet the new and youthful. Some, by reason of infirmities of age or ills of body, have retired from the activities of professional life. To them we give salute in tribute to work well done. Others rest from their labors, and we pause for a moment in silent remembrance as we bid them farewell. To the youth we give a hail and Godspeed in the work they have chosen. For us who remain, readjustment and settlement into the routine is accomplished, and the time is at hand when we as a society should order our business. I shall, therefore, briefly bring to your notice matters that I believe should have your attention during these meetings.

The President, in his address at the last annual meeting, made a strong appeal for consideration of and suggestions upon subjects that should have the concerted action of this Association, in order that your committees might bring before you some definite outline of the work to be done during the year, and at the next session of the Legislature. Three have been brought before county societies, and to the

^{*} Read before the June session of the Maine Medical Association.

attention of individual members during the year, viz.: "The Workman's Compensation Act", "Medical Defense", and "The Appointment of County Medical Examiners". The first two will be dealt with in committee reports and by special papers.

At present the Medical Examiners' appointments are political, and while, so far as I know, the present incumbents are men of skill and integrity, it would seem that there should be legislative provision for endorsement by county societies before future appointments be confirmed. I would recommend that these be fully discussed and acted upon if possible at this meeting.

Medical license, and the compulsory examination of school children are questions that will furnish food for thought in the future. The first, the subject of a paper to be presented at this session, is yet unsatisfactory in view of the activities of advertising licensed quacks, and the efforts of "those who do miracles" to obtain the legal right to practice without education. The second needs no argument in its favor. The lessons of the examining boards during the war should be sufficient. Such an act has been in force in the Province of New Brunswick for a year, and has already been productive of much good, as, for example, the initial vaccination of some thirty thousand children.

Under Chapter VI, Section 1 of the By-laws of the Association, your President is required to "visit the various sections of the State and assist the Councilors in building up county societies." From my observations as a County Secretary during eight or ten years, and experience as President of this Association, I am convinced that a change would make for greater efficiency. The President is usually a busy man. The demands of his profession and the visiting of fifteen county societies would take up altogether about four weeks—the exigencies of travel (as, for example, those of the past winter), make it difficult to visit more than a limited number. The county meetings are fully occupied with their programs and business, and there is little time for consideration of extra matter. I believe that in place of these perfunctory visits two meetings at some central point in the State should be arranged for county secretaries with the President and Secretary of the Association. One in the fall before the annual meetings of county societies, for the discussion and settlement of policies during the coming year; another before the spring meetings for report of progress, and to formulate instructions to delegates. In this way there would come about a better co-ordination of the affairs of the profession. The County Secretary is, as a rule, the active officer in his society, in close touch with its members, and would be the best exponent of its needs. His expenses could be paid out of the county treasury.

Again, let me urge your full consideration of these affairs of the society, that some may be finally disposed of and others placed in line for action at future meetings, and, in conclusion, thank you for the honor conferred upon me, assuring you that the duties of the office, so

far as I have been able to perform them, have been a pleasure.

3

*WORKMEN'S COMPENSATION AS IT AFFECTS THE DOCTOR.

By Arthur Robinson, Esq., Portland, Me.

Workmen's Compensation has been in operation since January 1, 1916. Workmen's Compensation generally in the United States is a development since 1910. The first act held valid in this country was passed in 1911. In 1917, acts had been passed in thirty-seven of the States. England had passed a compensation law in 1897. Although there is no uniformity in the various American laws, certain general features are found in all the acts, and the English Act undoubtedly has served as the basis for many provisions found in the laws of the various States.

A word as to the theory of Workmen's Compensation. Prior to the passage of these acts, in case any workman was injured, his right to receive money damages to reimburse him depended wholly upon whether some fault or negligence could be attributed to his employer as a cause of the injury. If the employer were guilty of negligence, as, for example, in providing the place for his employees to work, or in the manner of handling machinery, then the employee might recover damages by a suit at law. If there were no fault on the part of the employer, or if the employee himself were at fault, so that his own negligence really caused the injury to himself, then the employee was not entitled to make the employer indemnify him for his injuries. No actual money could be recovered until after a suit at law, with all the possibility of delay there involved, and where a suit was brought the amount to be recovered was in the discretion of the jury, and a jury might make almost any conceivable finding. A serious injury might receive little or nothing and a very minor injury might bring an award of thousands of dollars. The employer was subject to a hazard of unlimited proportions. So unfairness was present on both sides. The workman who was maimed for life was left with no financial assistance to aid him, although the injury came from accident purely and he was quite blameless himself, so long as the employer was not legally guilty of negligence; and again the employer was always subject to excessive damages and legal expenses in defending groundless claims. It was a laisser faire doctrine purely. To adjust the unfairness which developed under this system came Workmen's Compensation. The fundamental theory of these acts is that if a workman sustains an injury while in his employment he shall be paid a proportion of his wages during his

^{*} Read before the June meeting of the Maine Medical Association.

resulting disability, regardless of whether the employer was legally at fault or not, so long as the employee was not engaged in a wilful or criminal act, and so long as the accident did come out of the employment. In effect, this places upon an industry the burden of caring for the damage done to its human machines instead of the loss being thrown on one individual. It is an added cost distributed over the business generally.

So much for general theory. Now as to the Maine law. Maine Compensation Act went into effect January 1st, 1916. Legislature of 1919 (P.L. 1919, Ch. 238) revised the whole act and made important changes, although the general provisions remain the same. (Incidentally the new law added one member to the Commis-The Maine law is what is known as "an elective act," that is, the employer is given the right to choose whether he will come under the act or not. As a practical matter, this right of election is about on a par with the election that a single man between the ages of twenty-one and thirty-one had during the late unpleasantness! An employer does not come within the provisions of the act until he has consented affirmatively to its provisions, but if he does not assent he is so deprived of his former rights that virtually every ordinary employer must come under the law. Certain industries are excepted—farmers, domestic servants, lumbering and logging, which I will not discuss here. Also, the act only applies to employers of five or more workmen. The present act provides that in case an employee sustains injury by accident arising out of and in the course of the employment, he is paid compensation at three-fifths his average weekly wages for the period of his disability. He is paid nothing during the first ten days; his medical bills are paid during the first thirty days, and longer if necessary. I will take up the medical provisions in detail later. In case of death the payment is made to dependents. A schedule also is provided for payment in the case of certain specific injuries. For example, if a man loses an index finger, he receives three-fifths pay during thirty weeks; if he loses a leg, one hundred and fifty weeks; for the loss of an eye, he is given compensation for one hundred weeks.

It is obvious that a law which simply provided that a workman who was injured would receive three-fifths wages during his incapacity would be an idle one in a great many cases, unless some provision was made guaranteeing how this money should be paid. A law that required payment to an employee, but did not guarantee him the money, would be like a permit to swim the Atlantic Ocean, interesting, but of no practical use, hence the so-called elective feature of the act. The employer who accepts the act, and agrees to pay compensation, files

with the Commission a guarantee that he is able financially to pay the required benefits. In practical operation this is usually an insurance policy by an independent insurance company which agrees to pay the amount due on all compensation claims. It is provided in the act that concerns may insure themselves, that is, file securities or file a bond and make the payments from their own funds. A number of larger concerns adopt this method of settlement, but the great majority handle this business by insurance.

The administration of the Workmen's Compensation law is in the control of the Industrial Accident Commission, composed of a chairman, associate member, the Insurance Commissioner and the Labor Commissioner. The Insurance Commissioner and the Labor Commissioner have duties along special lines. The chairman is the administrative head of the board. It should be understood that this Commission in Maine is not an insurance commission; we have no State insurance whatsoever. The Commission makes no payments to injured employees. We have had even doctors send us a bill for their services, assuming that the State was paying these expenses! The Commission is an administrative and judicial body. It acts judicially in the conduct of hearings and decisions of claims. It is, in fact, a special court having jurisdiction of industrial accidents. Workmen's Compensation, as I have indicated, is of recent growth, but a large and constantly increasing body of law has developed.

Now as to the provisions for medical services under Workmen's Compensation—for this is a branch of the subject in which you are really interested. The former act provided for a waiting period after the injury of fourteen days, and also provided that the employee should receive medical and hospital services during these first two weeks and that the amount of such charges should not exceed thirty dollars except in case of a major surgical operation (Section 10). You will doubtless all agree with me when I say this amount was very low. The provision as to the "major surgical operation" has always been an uncertainty. We have never been able to find out really what this term means, either from lawyers or doctors. Fortunately we are not now confronted with this difficulty, as the present act (Section 10) provides for the payment of reasonable medical, surgical and hospital services during thirty days and up to one hundred dollars, omitting the phrase "major surgical operation." A longer period or a greater sum may be allowed by the Commission in their discretion when the nature of the injury or the process of recovery requires it. It is a fact that the medical profession is the greatest beneficiary under the Workmen's Compensation law. During eleven months of 1918, under the old act, over \$100,000 was paid to doctors alone. Speaking generally, every case involves medical reports and payment for medical services, where only a portion of the cases involves any payments to the injured man. Many minor cases of accidents require medical treatment where the injured employee loses practically no time from his work. You ought to know about the act; you are the ones that are benefiting by the act more than any other class. All people recognize the immense amount of service that a physician does without pay. Here is a case where the doctors are not asked to contribute services, but where they have been made the beneficial recipients of a law which probably was not passed with the medical profession especially in mind, and it is especially fortunate that in the present state of the H. C. L. that the doctors could have come in for this substantial raise of from thirty to one hundred dollars, and probably without any effort on their part!

Medical jurisprudence has been defined as "that science which applies the principles and practice of the different branches of medicine to the elucidation of doubtful questions in courts of justice." With the general adoption of Workmen's Compensation has come a new branch of this science, a branch that is a science in itself. Medical jurisprudence in the past has been looked upon as mainly of importance in its relation to the criminal law, in the establishment of facts of a medical nature relating to the commission of a criminal act. But the general extension of Workmen's Compensation has developed this new science, a science that cannot be left to the medical jurist alone, to the expert, but with which the general practitioner comes into every-day contact. Lack of understanding of the extent which modern legislation has affected the practice of medicine may be responsible for the general absence of knowledge among doctors of such laws, possibly incurred by the failure to appreciate that Workmen's Compensation is a science, a growing branch of medical jurisprudence. The physician or surgeon primarily deals with the treatment of disease or accident and the saving of life, but the duties of the medical jurist are quite distinct, in many cases to aid the law in its examination into criminal acts. And just as experience has shown that the practicing physician could not avoid the obligation of medical testimony with relation to that exceptional case where he is confronted with the suspicion of foul play, so in connection with industrial accidents the practicing physician has an obligation as to facts and causes. And here such cases are not exceptional but are common incidents of ordinary practice. I have yet to see a medical or legal work give Workmen's Compensation its proper place as a branch of medical jurisprudence; in fact, while your medical schools instruct your students on those exceptional cases of the relation of doctors to

the investigation of crime, they do not seem yet to have realized the significance of the doctor's relation to these constantly occurring industrial accidents. This preliminary analysis may be of assistance. Of the treatment and care of accidents, I have nothing to say—that is a matter of medical science—but I can speak of the rights of the employee, the duties of the employer, and the obligation of the physician, for that is what the administration of Workmen's Compensation involves.

The provisions of this law are of the greatest importance to the medical profession, but the relation of doctors to the act and to this commission is not confined to the performance of services and the payment of bills. Questions involving medical problems arise with great frequency. It might be stated that every accident reported to the Commission involves an item of medical testimony. Some sixteen hundred accidents are reported to the Commission every month. Less than three per cent. go to a hearing, but in those cases that do go to a hearing the majority involve questions concerning medical science.

A word as to the nature of these questions. In the first place, only that employee is entitled to compensation who "receives a personal injury by accident, arising out of and in the course of his employment." These two phrases, "by accident" and "arising out of and in the course of his employment" are the source of much law. Considering the latter phrase first, "arising out of and in the course of the employment" has been passed on by the courts in many jurisdictions. To be brief, it means that there must be some causal connection between the employment and the accident that the workman has received. This is perhaps more a legal question than one of interest to the medical profession. To illustrate. An employee who is injured in a friendly squabble does not have an accident which arises out of the employment. As to "personal injury by accident", this phrase, which is found in the Maine Act, has been the subject of judicial construction in many cases. In England, in 1905 (Brinton's Ltd. vs. Turney, 1905 A. C. 230, 7 B. W. C. C. 1), a workman was employed in opening and sorting bales of wool. and while so employed the bacillus of anthrax settled in the corner of his eye and caused infection and later resulted in death. His death was held an injury by accident. The court laid stress upon the fact that the impact of the germ was a violation of the patient's body, a blow which, though microscopically minute, produced the immediate effect upon the claimant's person. In the House of Lords' decision particular emphasis was laid upon the accidental nature of the infection and the great number of unusual factors which contributed to it. cases have been before the Maine Commission and have been held to be accidents. Later English cases have held that any disease of sudden origin, if plainly attributable to the nature of the workman's employment, is an injury by accident. A heat stroke sustained by a stoker in the stoke-hole on a steamer (Ismay v. Williamson 1908, A. C. 437); a sunstroke received by a sailor engaged in painting a vessel in dry dock (Morgan v. S. S. Zenaida, 25 T. L. R. 446, 2 B. W. C. C. 193); kidney disease due to a chill contracted while working waist deep in water (Sheeran v. Clayton & Co., 3 B. W. C. C. 583); and pneumonia caused by the inhaling of poisonous gas (Kelley v. Coal Company, 48 Scot. L. R. 768) have been held injuries by accident. The term "by accident" has been construed consistently to include two different ideas, first, that of unexpectedness, and second, that of an injury sustained at some definite occasion, the date of which can be fixed with reasonable certainty.

"The injury, to be regarded as 'by accident', must be received, or if a disease, contracted, at a particular time and in a particular place and by a particular accident." (Eke v. Hart-Dyke, 1910, 2 K. B. 677, 3 B. W. C. 482.) The reason for the requirement of the particular time and particular place may not seem of importance from the medical viewpoint, but it is of real practical importance. All acts include a requirement of notice to the employer when an employee has received an injury. In the Maine law, notice must be given within thirty days. This gives the employer opportunity properly to care for the injured employee. It is found by the Commission that what have been called "secret accidents" are often suspicious, that is, where the injured man claims that he was hurt at some indefinite time or an uncertain number of weeks before any report was made. So this "rule of thumb" has been adopted, and we think it is justified, that a man who claims an accident must be able to show with reasonable certainty the day and hour when that accident occurred. In the matter of those diseases that come within the class of accidents, the time necessarily cannot be fixed with the same preciseness, but it is our opinion that an application of this common-sense doctrine excludes fanciful and suspicious claims.

Doctors are aware that there is a well recognized class of diseases known as occupational diseases. A typical example is lead poisoning by paint makers. In Maine occupational diseases are not within the compensation law. Some jurisdictions provide for them—Massachusetts, under its Act, England, by a special law. In a number of cases a difficult problem is presented of distinguishing whether the employee is suffering from a disease or from an accident. An illustration of this poisoning from chemicals: For example, an employee in a woolen

mill is poisoned by handling dyes. Has he sustained an accident or is he suffering from disease?

Then there are the cases of complications following an injury. We know as a practical matter that a traumatic injury may be succeeded by disease. An injury to the spine is the proximate cause of ensuing paralysis of the lower limbs (Re Brown, 218 Mass. 8); death from an anæsthetic necessarily used in performing an operation (Shirt v. Calico Printers Assn., 2 B. W. C. C. 34?), and the well recognized cases of blood poisoning resulting from a cut or abrasion illustrate this principle. In determining whether the physical harm sustained by the employee was the consequence of the accident or the injury, the controlling question is the continuity of the chain of causation and the absence of any intervening agency. If the chain or influencing connection is unbroken, then the employer is liable for the full consequence resulting, but if a new or independent cause has intervened which could not be attributed to the accident, then the disability which the workman is undergoing may not be laid properly to the accident. I recall one case recently where an employee testified that he had a broken forearm, and as a result "had pleurisy, gravel in the kidneys and phlebitis of the leg!" Troublesome cases arise in injuries to the eye, where the workman has neglected to take immediate and proper care.

My real object in calling attention to the constant presence of medical features in such cases as I have mentioned is the importance of medical testimony as presented before the Commission. Undoubtedly no court has so high a percentage of medical testimony as does this court. Doctors should not make the mistake of testifying from a partisan basis. "One of the besetting sins of physicians and surgeons, and often of practitioners of very high standing, is to slip unconsciously into the role of advocate." (Report of Conn. Commissioners, 1918.) The relation of statements and opinions by physicians on medical and surgical matters is much more extensive before this Commission than simply medical testimony given on the witness stand in contested compensation cases. Appearance as a witness is only one feature. Doctors are filing reports and giving statements of opinion in practically every case, and we must place reliance on these statements so made. As a practical matter, "What the doctor says, goes!" The Commission necessarily bases its judgment on the opinion and conclusion of the attending physician. Someone has even said that the effect of the passage of a Workmen's Compensation Act is that of transferring jurisdiction from the courts to the physicians, that is, that the doctors now decide the cases. And this statement, while a half truth, certainly has much truth in it. Conditions constantly arise in which the opinion of

the physician is all but conclusive. "He must be a determining factor in some cases involving the question of the cessation of total incapacity, and the ability to return to work. In ascertaining the degree of partial incapacity, where that degree cannot be measured by actual experience at work, his voice will often be the deciding factor. In tracing the relation between the injury and the subsequent physical condition, his opinion will be in many cases persuasive. This is especially true in the very frequent cases of infection, where, except for his testimony, it may be impossible to appreciate the condition and its probable cause." (See Conn. Report, 1918.) The character, learning and skill of the physician called to treat industrial cases are of primary importance. The standard should be safeguarded zealously by every possible protection. Without a competent and honest body of medical men there can be no just administration of this law.

As to further legislation in Maine, it would not be my function to tell the doctors what they want or what they need, but it is my belief that in general the present Maine law is proper, and from the viewpoint of the doctors comprehensive. Certain details may occur to you as requiring change. All laws develop in accordance with experience. As to the Act itself, some further amendments well may be made. In this paper I am not attempting to argue the theory of compensation, but simply to state what the present law does provide.

Of one provision of the Maine Act physicians sometimes express disapproval, but which as a practical matter causes little or no difficulty whatsoever. The law says, "the employer shall furnish medical, surgical, etc.," The doctors seem to fear that this means that the employer is to name the physician in every case, with the consequent tendency towards contract medical work and its evils, which I believe is not favored by the principles of medical ethics. As a practical matter this is of little importance, for only in a few cases does the employer confine the employee to a named physician. I believe that in on or two cities only is this done. It has been found from practical experience that where the insurance company attempts to restrict employers to employing certain physicians, that it gets up against practical difficulties with the employer who may wish to employ his own doctor. From such information as I have, I believe that the insurance companies generally are abandoning the idea of trying to sign up certain physicians. small towns, where there are only one or two physicians and industries of considerable hazard, this is practiced to some extent, but more with the idea that a physician will be ready to respond to calls in case of an accident at the plant. Also, the use of the term "furnish" carries with

it the affirmative obligation on the part of the employer to see to it that the proper treatment is brought to the injured employee.

In the administration of the Act certain reports are required. We find in many cases that doctors take a resentful attitude when asked to furnish reports. If doctors were doing free work we might sympathize with such a feeling, but where they are getting paid for what they do such objections are amusing. Remember, if you receive a request for a report, that means you can charge for your services! If a report of an accident comes to the Commission, not accompanied by a Physician's First Report, a letter is sent to the attending physician requesting the report. It occasionally happens that the doctors will receive such a letter after he has sent the report to the company, or vice versa. You will understand that with some forty to eighty cases coming in every day, and every effort being made to get proper settlement as quickly as possible, some mistakes must occur. The proper making out of reports is a part of earning your money. And, again, in making even ordinary reports, you are giving medical testimony which vitally concerns the rights of an injured man to receive his lawful compensation. You are concerned with interests greater than just your own, and it may be said that the physician now has the obligation not only to see that his patient receives the best of care and treatment which may be given to him, but also that the patient will have the proper co-operation of his physician in receiving such benefits as the law awards to the workman. Please take care in marking reports carefully and on the proper diagram. State the nature and extent of the injury in medical terms with some detail.

As to fees for medical services—this is a dangerous subject for me, an outsider, to discuss before you, and yet no subject comes any closer to your every-day life than that! In the average case the Commission does not attempt to pass on fees. The rule generally adopted by us is that the average and customary fee prevailing in the community should be paid to the doctors on these cases. The doctor may have the additional work of making reports, but he is receiving the additional advantage of having his bills practically guaranteed in every case. On the one hand, the doctor should not be expected to reduce his charges or have his bill picked to pieces in such cases, nor, on the other hand, be permitted to profiteer simply because payment is assured. The most troublesome point as to fees comes in the wide variance in charges between different physicians for practically the same operation. In some states the Commissions have adopted fee schedules. As yet this Commission has done nothing, and I may say that I have been opposed to such a course unless it could be done with the co-operation of the doctors themselves. An arbitrarily imposed fee schedule drawn up by nonmedical men in my mind would tend to discord and dissatisfaction. But I do think there is a real need of some co-operation such as is presented here. When for the same operation one doctor charged \$50 and another \$600, even the difference in the case of the individual patient scarcely seems to explain the discrepancy! I should like to go so far as to suggest that the Maine Medical Association—as representing the medical profession in Maine—appoint a committee to investigate and report a suggested basic fee schedule for medical and surgical services in Maine. The Commission would be only too glad to co-operate with such a committee in every way possible, and its work could be, I am sure, of great assistance to the doctors of Maine. It is even possible that such a committee could co-operate with representatives of the insurane and employing interests as to these problems. I am simply leaving this with you as a suggestion, not as a formal request. I do believe that a committee from the Medical Association on Workmen's Compensation could render some most valuable service, not only to the medical profession, but also to the Commission and to the State of Maine.

In conclusion, you will see that I have endeavored simply to call attention to some of the practical problems presented in workmen's Compensation and its administration. This law is not charitable or philanthropic in any sense, its basis is an apportionment in some degree of the cost of misfortunes. The doctors have a practical and selfish business interest in the law and its proper administration, as well as an obligation and duty. And no profession is more ready to assume obligations and more responsive to its duties, no matter where they may lie, than the medical profession. So that here, as elsewhere, we feel sure that the administration of this law will have the earnest co-operation of the doctors of Maine.

THE PRESIDENT: I am sure that we are all very grateful to Mr. Robinson for his very clear exposition of some of these points, and that the thanks of the Association are due to him for the trouble he has taken in the matter.

Dr. Porter: What is the reason of the exemption of railroad companies in Maine? I understand they do not come under this act.

MR. Robinson: The reason is historical, because the act when adopted had a definite provision that it should not cover those engaged in interstate commerce in so far as it would conflict with the federal laws. The reason for that undoubtedly was that they did not want to pass a law that would apply to interstate commerce and have the whole act declared unconstitutional on that ground. None of the big railroads come under the law at all, that is, the Maine Central, Boston & Maine, or Bangor & Aroostook. Many of the electric railroads and some of the small connecting railroads come under the law.

DR. GARCELON: Mr. President, I would like to ask whether the law as written gives to the employer the privilege of selection of the physician to the extent that he can exclude the selection by the employee?

MR. Robinson: Not quite so broad as that. The act as written contains the provision that "in case of emergency or for other justifiable cause the employee shall have the right to select a physician other than the one provided by the employer"; and then it says that "such approval" for such selection "shall be granted only when the commission finds that there was such emergency or justifiable cause." That point has not come up to any great extent, although the Commission certainly has felt that it was a justifiable cause for the employee to select his own physician if he had a family physician whom he preferred to go to for treatment. I do not hesitate to go as far as that.

DR. SAWYER, Madison: Mr. President, I would like to ask if there was not in the first law a provision that the employee could have the privilege of employing his own physician if he paid for it himself? Does not that follow right along there where you first read?

MR. Robinson: No, that is not in the the present law, and I do not think it was ever expressly written in the old law, but I do not know.

DR. SAWYER: The Legislature of 1917 attempted to change the law, giving the right to the employee to select his own physician, and the Legislature at that time interpreted the act that the employer should furnish a physician as meaning that he should specify who that physician was, and I think there have been cases in this State where the employee has not been allowed to make his own selection and the case has been given to a surgeon employed by the employer.

MR. ROBINSON: I do not know. I can simply say that so long as I have been connected with the Commission, that has never been done.

Dr. Sawyer: In 1919 there was this change that you have called attention to.

DR. GARCELON: Mr. President, I would like to state that I know of a case where an agent for an insurance company telephoned a physician and told him to let the case absolutely alone. That was two or three years ago, I think before Mr. Robinson had any connection with the Industrial Accident Commission, and that was one of the reasons why Androscoggin County, particularly Lewiston and Auburn, became interested in Article 10 in regard to the appointment of phsicians by the employer or employee. I would state that that actually has happened, where a man in Portland has telephoned to a doctor in Lewiston telling him to let the case alone; that they would look after the case; and absolutely refusing to permit him to take care of it.

PATENT FOODS IN INFANT FEEDING.

By Thomas A. Foster, M. D., Portland, Me.

In all parts of the world human milk is considered the best food for new-born babies and growing infants. At all times, however, there are numbers of infants who are deprived of this good food to which they are entitled. That is, there are a few clear conditions which may exist in a nursing mother and which may work harm to both mother and baby if breast feeding is continued. In order to furnish food for the baby a substitute for mother's milk must be produced. In most places and for most of the time cow's milk has been held to be the most satisfactory substitute, and to-day mixtures of clean milk, water and sugar offer the best food to an infant who must be deprived of the human milk.

If this be accepted as true, why do so many babies depend upon a "patent" food to keep them alive? First, I would place the growing desire of many mothers to be free from the demands and restraints of breast feedings; second, I would place the extensive so-called "educational" advertising of the patent food makers; and I third would place the willingness of attending nurses and friends to suggest a substitute for breast milk. Against these factors all physicians daily exert their influence but the practice of artificial feeding continues.

Although a breast-fed baby has four times as good a chance to live through the first year of life as the bottle-fed, present-day mothers seem to overlook this fact and start their new-born infants out in life with the great handicap of artificial food. With minds determined to "bring up" the baby on the bottle, an "infant food" is usually selected with the help of kind friends and alluring newspaper and magazine advertisements. The attending physician may not consider the choice of food important and so the infant starts off with a food in a great many instances entirely unfit for its digestive apparatus.

The makers of "infant foods" understand the situation and ever since the early years of the 19th century have grown and multiplied, and to-day the Sunday picture supplements print pictures of babies fed on this food or that preparation. The weekly magazines do likewise and publish stories of the great virtues in XII or some other patent product. In a word, the country is filled with advertising of "patent foods" which appeal to the mother who is determined to "bring up" her baby on the bottle. So the foods are with us in troops, the mothers are willing to use them, and the doctors are telling the willing mothers which ones to use and how and when. Therefore it seems worth while

to consider these many "patent foods" and to figure out what proportions of food elements they offer to the baby. Do they give the infant a well balanced ration? Hill, in "Clinical Lectures on Infant Feeding," published by Saunders in 1917, divides patent foods into five groups as follows:

- (1) Condensed milks and evaporated milks.
- (2) Malted foods.
- (3) Malted foods containing starch.
- (4) Starchy foods containing nothing but starch.
- (5) The various dry milk powders.

"In class 1 belong the ordinary sweetened, thick condensed milk and unsweetened evaporated milks. To the second class belongs Mellin's Food, Horlick's Malted Milk, etc. (Horlick's Malted Milk is not exactly like Mellin's Food in composition, as its basis is a dried milk preparation to which considerable maltose and dextrin have been added; but in practical use it may be considered to be much the same sort of preparation as Mellin's Food.) In class 3 is Eskay's Food; in class 4, Ridge's Food and Imperial Granum, and in class 5 Kindolac is a fair representative of the group."

The condensed milk products are very similar in composition and all contain a large amount of cane sugar. For example, one wellknown brand, which is a fair sample, contains:

The table of dilution strength of this particular product advises dilutions all the way from 1-8 up to 1-19. Dilutions of 1-8 would give:

Fat, 0.98 Sugar, 6.05 Proteid, .81+

This is not a well-balanced food. Sugar is high, fat and proteins are low.

The 1-19 dilution gives:

Fat, 0.44+ Sugar, 2.72+ Proteid, 0.36+

This mixture is too weak for a baby except over a very short period of time.

The evaporated milks are called unsweetened milk because no cane sugar has been added to the product. The composition, as a rule, is better than the composition of condensed milks. A fair sample in this class has the following proportions:

Fat, 7.50 Milk Sugar, 8.58 Proteins, 6.34 This product diluted 1.3 gives: Fat, 1.87+ Sugar, 2.14+ Proteid, 1.58+ Here is a mixture low in sugar with reasonable amounts of fat and proteins. Some kind of sugar may be added to bring up the sugar percentage. These unsweetened evaporated milks, properly diluted, give much better mixtures than the sweetened condensed products, and for a short period, when cow's milk cannot be obtained, offer good food to the baby, but they are not intended to serve as food for a long time as they are deficient in anti-scorbutic elements and appear to increase the development toward rhachitis.

In the second class Mellin's Food is a well-known example. The composition is as follows:

If Mellin's Food is diluted with water sufficiently to give a proper sugar per cent., say 4.90+, its fat and protein percentage drops to: Fat, 0.01; protein, 0.64.

Such a mixture is inadequate for any baby, and Mellin's Food and other malt foods are not to be regarded as complete foods for infants. It might be well to insert here the words which the makers of Mellin's Food use in their "little books". They are: "Mellin's Food is a means to aid the physician in modifying fresh cow's milk." The malt foods are useful in mixtures, sometimes, to correct constipation, the malt sugar being mildly laxative.

In class three come foods which contain starch in addition to other elements. Allenburys Malted Food No. 3 is a sample.

Fat, 0.81	Maltose, 13.50 Sugar, Dextrin, 6.76	Starch, 57.75 Cellulose, 4.44	Protein, 10.35
	Soluble 20.26 Carbohydrates,	Insoluble, 62.19 Carbohydrates,	

This food, when diluted with water, becomes practically a solution of carbohydrates, and it does not serve an infant as a well balanced diet. It may be added to cow's milk as a sugar is added, however, and make up a proper ration, but it is meant to be added to the milk only in those cases where a starch is indicated with the malt sugar.

The outstanding food in class four is Imperial Granum. This is a food derived from wheat. There is no milk about it, no milk constituents in it. It is about 100% starch. Therefore it may be used as barley flour preparations are used. It is not intended as a complete food when mixed with water, and it may be looked upon as a "milk

modifier", in that it mechanically aids in the formation of small casein curds.

In the fifth class as presented by Hill is found the "dried" milks. Kindolac is one, Klim is another. The process of drying 3.5 or 4% milk has not been successful until very recently. Klim Powder contains:

Fat, 28.20 Milk sugar, 37.88 Proteins, 26.67 1 part powder with 7 parts water: Fat, 3.52 Milk sugar, 4.74 Proteins, 3.33

This is approximately whole milk. In circumstances where fresh cow's milk is unavailable the milk powders may be of use. The "dried milks" made from whole milk may, if correctly diluted, offer a well-balanced ration, but they are in general too low in fat.

In reviewing the foods of the different classes it is found that condensed milks stand forth as "sugar solutions". They are high in sugar, low in fat and protein. They are not well-balanced foods. They make soft and anaemic babies. The evaporated, unsweetened foods have a better balance, but need some sugar to bring up the caloric values. The "malted foods" are not complete foods and may not be used for any length of time without cow's milk. The malted foods with starch are also incomplete foods, with a large starch element which is not well borne by a great many young infants. The straight starch foods are adapted to milk mixtures for infants of six months and over. They may be called "milk modifiers", in the sense that they act on the casein to make a small curd. The "milk powders" are usually low in fat and have no advantages over fresh milk except under conditions where a clean milk is unavailable.

The patent foods are not complete foods. They have good points which recommend them in certain conditions, but they should be used with a clear understanding as to their composition. They do not have any mysterious virtues which cause them to work wonders in all difficult feeding cases. There is no one food which will suit all babies at all times, and the dangers from long feeding with various foods are brought out in the following table from "The Diseases of Infancy and Childhood", Holt and Howland, 7th edition, 1919. "This table shows that while scurvy may occasionally develop with almost any variety of food, three stand out prominently, viz., proprietary infant foods, condensed milk and sterilized milk."

Previous Foods, Breast milk, in 12 cases, alone in 10 Raw cow's milk, in 5 cases, alone in 4 Pasteurized milk, in 20 cases, alone in 16 Condensed milk, in 60 cases, alone in 32 Sterilized milk, in 107 cases, alone in 68 Proprietary infant food, in 214 cases.

The facts for the foundation of this table were gathered by an investigation of the American Pediatric Society.

A number of infants have been and will be dependent upon artificial feeding (let us hope that the number will grow less rather than greater). Mixtures of whole milk and water with sugar, or mixtures of cream, skimmed milk and sugar may closely resemble human milk and offer infants a well-balanced ration. These mixtures may be made with certain definite proportions of fat, sugar and proteins. The mixture, therefore, may be adapted to fit the particular needs of each individual baby.

Patent foods do not offer a well-balanced diet. They are high in sugar and altogether too low in fat and proteins. They may not be adapted to fit particular conditions. They differ greatly in their composition and no one food will be right for all babies. If a food seems indicated in a given case it may be used, with good results, only if the composition of the food is understood and the percentages in the resultant mixtures are known. The best results from patent foods are obtained when the food is used as a ugar in whole milk mixtures. It is absolutely necessary to know the approximate composition of the food, if it is to be used in any way.

Journal of Maine Medical Association

Editorial Staff.

Dr. James A. Spalding, Portland.
Dr. F. C. Tyson, Augusta.

DR. A. S. THAYER, Portland.

DR. BERTRAM L. BRYANT, Bangor. DR. C. J. HEDIN, Bangor.

Dr. L. D. Bristol, Augusta.

DR. T. E. HARDY, Waterville.

Dr. Frank Y. Gilbert, Managing Editor, 148 Park St., Portland.

County Editors.

DR. S. E. SAWYER, Lewiston.

DR. F. E. BENNETT, Presque Isle.

DR. HAROLD J. EVERETT, Portland.

DR. G. L. PRATT, Farmington.

DR. A. L. JONES, Old Orchard.

DR. A. L. Jones, Old Orchard. DR. S. J. BEACH, Augusta. DR. D. M. STEWART, South Paris.
DR. H. D. McNeil, Bangor.
DR. C. C. HALL, Foxcroft.
DR. R. C. HANNIGEN, Bath.
DR. H. W. SMITH, Norridgewock.
DR. G. A. NEAL, Southwest Harbor,

Dr. F. H. Webster, Rockland.

Editorial Comment.

PATENT FOODS IN INFANT FEEDING.

We are very glad to print elsewhere in this issue a substantial and significant paper concerning the exact value of patent foods for infant feeding. Such a paper has a distinct value as showing precisely what such patent foods can do and what they cannot do as substitutes for mother's milk. It is the habit of some physicians to run down all foods indiscriminately, and of others to praise them inordinately. Here we have the happy medium of showing the precise value of each of a certain variety, and from experience with all such substitutes for natural milk. Such papers, too, as this, have a constructive and instructive value and are to be commended for these reasons, and additionally because to the wearied editorial brain they show that some of our younger men are exhibiting a most commendable practice of writing medical papers of distinct and proven value.

It is to be hoped that others of our younger colleagues will follow this good example. If the younger men do not begin to prove their standing in the profession, it is plain that the writing of medical papers will cease with the inability, from advancing years, of the older men to keep up to the mark of papers of high standards. Let every young member think over what he sees in his practice, study his cases with the intention of proving the value of every remedy, operation, or psychological treatment, and let the JOURNAL have the benefit of his thoughts and labors. As we have repeatedly said, it will give us the greatest pleasure in the world to put into better shape, if possible, the wavering and untrained thoughts of younger men without in the least way of offending their sentiments or disconnecting their train of thought. It is given to some to understand, perhaps, the art of writing papers a shade better than others, and so we say, let such men be kindly guides to beginners in the composition of medical papers.

Book Reviews.

Blood and Urine Chemistry.

By R. B. H. Gradwohl, M. D., and A. J. Blaivas. Second edition. Four hundred and eighteen pages, with seventy-five illustrations and four color plates. St. Louis: C. V. Mosby Company, 1920. Cloth, \$5.00.

This book lives up to its subject. Sixty-three pages are devoted to the technic of blood chemistry; sixty-four to the chemical examination of urine, including the analysis of urinary sediments and the staining of bacteria; one hundred and eighty-eight pages to blood findings and their interpretation. An appendix is added to take advantage of "The System of Blood Analysis" of Folin and Co. as published in the *Journal of Biological Chemistry*, 1919, No. 1. It is fortunate the latter was added before going to press. These accurate and relatively simple methods will accomplish much in broadening the field of usefulness of such important methods of diagnosis. It is unfortunate the "Simplified and Improved Method for the Determination of Sugar," as published by Folin & Company in the *Journal of Biological Chemistry*, Vol. XLI, No. 3, 1920, could not have been included.

The technic of blood chemistry and the chemical analysis of urine form two parts which describe in a concise and complete manner well established methods. References are full. As a minor criticism I believe an important test for albumin is missing. It is the heat and acetic acid test as modified by Purdy by the addition of Saturated Sodium Chloride solution.

The greater part of the book is devoted to interpretation. This is a very valuable feature in a work of this kind. The discussion is not dogmatic, is sensible and illuminating. It covers the ground of blood sugar, acidosis, gout and nephritis—all conditions in which accurate diagnostic and prognostic inferences cannot be made without blood findings. On page two hundred and thirty-five is an error in the last paragraph, "Our interest in acidosis is intimately connected with the diabetic where the sugar *can* be utilized." On page three hundred and ninety-eight, "Estimation of Creatinin by the Folin Method," the standard creatinin solution is incorrectly described as compared with the

"Horlick's"

THE ORIGINAL

The Perferred
X-RAY
Meal with
Barium Sulphate
Write for

Is always clean, safe and reliable and protects your infant patients against the uncertainty and risks attending the summer milk supply, which bears such close relation to infant mortality at all times.

Avoid Imitations

Samples prepaid upon request

Horlick's Malted Milk Co. Racine, Wis.

original article. The standard contains 0.03 milligrams of creatinin per 5 cubic centimeters rather than 5 milligrams, as would be the case if one followed the text.

The subject of "Basal Metabolism" is included, apparatus described and results interpreted.

The writers have admirably fulfilled their tasks as expressed by them "to give fully the best methods that have been devised . . . together with such facts as they themselves have gleaned . . . together with the most important literature in this question."

The book is of special value to "Laboratory workers in communities where there is no medical library", a desideratum of the authors.

M. W.

Arteriosclerosis and Hypertension.

By Louis M. Warfield. G. V. Mosby Co., St. Louis, Publishers. Price, \$4.00.

Twelve years ago the first edition of this promising book was published, a second edition soon followed, and now we note the third and enlarged edition. Three editions speak emphatically of the value of such a book for practitioners with their abundant cases of arteriosclerosis. The chapters on anatomy and pathology are freely illustrated and show the points which the author wishes to emphasize. Under prophylaxis, physical examinations twice a year of all people over forty is urged as a preventive of breakdown. Here we find the statement, startling to us, that some business men drink half a bottle of whiskey a day and a bottle of wine at dinner. If so, then the prohibitory law will be a blessing to some people indeed.

All cases of arteriosclerosis being progressive, we are to treat the patient and not the disease alone. Diet plays a great role, more water intake, less meat, more vegetables, and cold douches used with care, the temperature of 90° being thermometer-marked, not guessed at. More might here be said on weighing the food. The chapter on treatment includes every possible drug and medication so far mentioned in modern literature, and a careful index brings everything quickly before the searcher after ideas and suggestions. Insurance examiners will gladly turn to the excellent chapter on arteriosclerosis and life insurance in search of new views, and they will find them. The three pages of practical suggestions at the very end of the book are filled with axioms of genuine value.

In concluding this all too brief notice of this very useful book, we believe that much of the rubbish on the desks of physicians of today could well give way to a permanent place for this book of Warfield's, who is to be congratulated on his very successful presentation of a topic daily before practitioners of medicine.

J. A. S.

Hand Book of Diseases of the Rectum.

By Dr. L. J. Hirschman. C. V. Mosby Co., Publishers, St. Louis. Price, \$5.00.

Books which go rapidly into three editions prove their value to all sorts and conditions of readers. In the case of this book before us, a glance into its pages shows why these editions have been called for. The abundant illustrations in black and white, and the well printed and

By Surgical Dressings



Sterilized After Sealing

Unused Part Remains Untouched

We have spent 25 years in perfecting our processes for making B&B Absorbent Cotton. There are now 22 separate steps in the making, and each serves a studied purpose.

The cotton, of course, is sterilized in the making. But it is sterilized again in the closed carton.

Every package is subjected to live steam following a vacuum.

Packages are then sent to our laboratory. There center fibres are subjected to incubator tests. Thus we constantly check the efficiency of this final sterilization.

Our unique package

B&B Absorbent Cotton is packed in our Handy Package which opens on the

side. The user unrolls and cuts off only the cotton needed. The balance remains in the original package, unremoved, untouched.

All methods extreme

All B&B methods are equally extreme. All B&B Sterile Dressings are sterilized after packing.

In every B&B product, we have studied to meet the most radical requirements. All are made by masters in a model plant. All result from decades of co-operation with leading physicians and surgeons.

We make a complete line of Surgical Dressings. We promise you in any of them the utmost in modern attainment.

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surgical Dressings and Allied Products

tinted colored plates are of great value to the reader. We note with especial interest the frontispiece, showing how a condition of piles masks from the examiner or operator a worse condition of cancer of the rectum higher up. This alone teaches the proctologist to be sure of his findings before operating, to say nothing of letting the patient be released from the office or hospital totally uncured.

Particular attention should be called in this brief notice to the extreme care given to the delineation of various methods of producing local anæsthesia, an invaluable aid in carrying out the suggestions of the writer for various rectal operations. Another chapter goes into full detail concerning those patients who can be properly treated in the surgeon's office and those who must infallibly enter a hospital in order to obtain the treatment which they positively need. In the chapter on pruritus we find many useful hints, but we do not note mention of the ten per cent. ammoniated ointment of mercury which, personally, has been of great avail to so many.

One of the most valuable drawings in the book before us is that of the natural position for defectation. When the plumbers invent a water closet seat which shall give to all of us the proper position for 'defectation, constipation will cease largely amongst us as a nation. Whilst calling attention to proper defectation we emphasize the use of cold running water afterwards, as practiced with the left hand of all Hindus of high caste, with resultant absencee of pruritus, piles and constipation. Some people despise the vulgarity of the Arabian Nights of Burton's translation, but if they read the Oriental public-health notes appended to many stories they would cease to balk.

A copious index of twelve pages at the end of this promising treatise gives every reader an instant opportunity for reference to every valuable item of this trustworthy treatise on proctology in all of its branches.

J. A. S.

Notes.

STANDARDS OF PHYSICAL FITNESS FOR CHILDREN ENTERING EMPLOYMENT.

The preliminary report of the permanent Committee on Standards of Physical Fitness for Children Entering Employment, appointed by the Children's Bureau of the U. S. Department of Labor, is announced.

The report consists of two parts—General Recommendations and Minimum Standards of Physical Fitness for Children Entering and Working in Industry. The general recommendations advocate a minimum age of 16 years for entrance into industry on the ground that the period of pubescence, not completed in the majority of cases until the 16th year, is a time of special strain for the child. No child, according to the recommendations, should be allowed to go to work until he has had a complete physical examination, and has been declared physically fit for the particular occupation which he is about to take up. A reexamination for children when changing occupations and periodical examinations for all working children are deemed necessary. The need of special study by local administrative and medical officers of occupations in which children are likely to be employed is pointed out, and further scientific study of the effect of different kinds of work on the physique of boys and girls in their 'teens is declared to be essential. The fields which in the opinion of the Committee are in need of special research are listed.

The necessity for further study, states the Committee, is urgent. However, on the basis of scientific studies already made and the experience acquired in administering child labor laws prescribing physical requirements now in force in a few States, it is possible to formulate certain tentative standards. These it is expected will aid materially in safeguarding children from the evil results of premature and unsuitable work.

The suggested standards cover normal development, indicate what constitutes sound health and physical fitness for specific occupations, and emphasize points to be observed and methods to be employed in physical examination. Defects for which children should be permanently refused certificates of employment and those for which temporary refusals should be made are listed. A record form for the use of physicians in examining children and careful instructions for filling in this form are appended to the report.

The report will be sent in mimeographed form for criticism before

being printed to experts in industrial hygiene, State labor departments, local certificate issuing officers, and interested persons throughout the country.

The Committee consists of the following persons:

Dr. George P. Barth, Director of Hygiene, City Health Department, Milwaukee, Wis., Chairman; Dr. Emma M. Appel, Employment Certificate Department, Chicago Board of Education; Dr. S. Josephine Baker, Chief, Bureau of Child Hygiene, Department of Health, New York City; Dr. Taliaferro Clark, representing the U. S. Public Health Service; Dr. C. Ward Crampton, Dean, Normal School of Physical Education, Battle Creek, Mich.; Dr. D. L. Edsall, Dean, Harvard Medical School; Dr. George W. Goler, Health Officer, Rochester, N. Y.; Dr. Harry Linenthal, Director of Industrial Clinic, Massachusetts General Hospital, Boston, Mass.; Dr. H. H. Mitchell, representing the National Child Labor Committee; Dr. Anna E. Rude, Director of Hygiene Division, U. S. Children's Bureau; Dr. Thomas D. Wood, Chairman on Health Problems and Education, Columbia University, New York City; Miss E. Nathalie Matthews, Director, Industrial Division, U. S. Children's Bureau; Secretary.

(1114) U. S. DEPARTMENT OF LABOR.

DATA REQUIRED ON OFFICIAL NARCOTIC ORDER FORMS.

Upon examining the monthly narcotic returns submitted by persons registered in Classes 1 and 2, under the Harrison Narcotic Law. as amended, this office finds that in many cases official order forms calling for narcotic drugs or preparations are being carelessly executed, by registrants in Classes 3, 4 and 5 and not strictly in accordance with

the regulations.

You are advised to comply strictly with Articles 107, 108 and 109 of Regulations No. 35. In ordering narcotic preparations give the particular narcotic contained in the preparation, whether the preparation be in liquid or non-liquid form. In the case of preparations in solid, powder or other than liquid form, the content of each individual package should be entered in terms of ounces or grains, or if the preparation be put up in tablet, pill, ampoule or suppository form, the number of units in each individual package may be stated.

You are instructed to give your Maine registration number on all order forms. If you are in possession of narcotic order forms bearing the New Hampshire registration number send them into this office to have the number changed to conform with the number assigned to you by this office. All narcotic order forms must be made out in ink or

indelible pencil.

Persons registered in Classes 1 and 2 should refuse to fill order forms which are not prepared in strict accordance with the provisions of Regulations No. 35.

Leon O. Tebbetts, Collector.

NEW AND NON-OFFICIAL REMEDIES.

During July the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Armour & Co.:

Tablets Anterior Pituitary, 5 grains Tablets Ovarian Substance, 5 grains Hynson, Westcott & Dunning:

Lutein, Sterile Solution of Ovarian Residue—H. W. D.

Tablets Ovarian Residue—H. W. D. Merck & Co.:

Benzyl Benzoate—Merck Organic Salt & Acid Co.:

Benzyl Benzoate—Organic Salt & Acid Co.

Seydel Manufacturing Co.: Benzyl Benzoate—Seydel

E. Fougera & Co.:
Riodine

The Coolidge X-Ray Unit

(Portable)

is the latest product of the Research Laboratories of the General Electric Co. Perfected under the personal supervision of Dr. W. D. Coolidge, it is at once simple.compact and thoroughly reliable. Each unit is supplied with comprehensive instructions and a simplified technique for making radiographs of all the bony structures of the body, the chest, etc., with either plates or films, with or without intensifying screens. No special wiring required—may he attached to any lamp socket. May be used on either direct or alternating current.

Write for hooklet.

Clapp Anderson Co.

Specialists in high quality X-Ray and Electro-Medical Apparatus

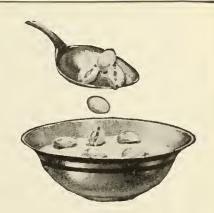
120 Boylston St.

Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me.

Maine Representative



Wheat Shot from Guns

Puffed Wheat is whole wheat steam exploded. It is made by Prof. Anderson's process.

The grains, sealed in guns, are revolved for an hour in 550 degrees of heat. The moisture in each food cell is thus changed to steam.

When the guns are shot, a hundred million steam explosions occur in every kernel. Every food cell is blasted for easy, complete digestion.

The grains are puffed to bubbles, eight times normal size. And the flimsy, nut-like globules become food confections.

Puffed Rice is whole rice, puffed. Corn Puffs are puffed hominy pellets.

We believe that every physician welcomes whole grains made delightful and so fitted to digest.

Puffed Wheat
Puffed Rice
Corn Puffs

The Quaker Oats Ompany

Sole Makers

૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱**૱ઌઌ૱૱**ઌઌ૱૱ઌઌ

Boralol

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

T is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best

results are obtained by dissolving in hot water.

Ask For Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

SUMMER INTESTINAL DISTURBANCES

For Acute Symptoms:

BENZYL BENZOATE MISCIBLE, H., W. & D.

Corrects spastic contraction of smooth muscle viscera. Non-narcotic.

A Prophylactic and to Remove Cause:

BULGARA TABLETS, H., W. & D.

Prevent and correct putrefactive and fermentative conditions of intestines.

Both Products Safe and Convenient Specimens and Literature upon Request

Hynson, Westcott & Dunning
Baltimore, Maryland

TRY

LANGTON RX OPTICAL WORK

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

C. A. L. Langton

Manufacturing Optician
419 Boylston St.
Boston, Mass.

New Books with Real Merit for the General Practitioner

THE PERITONEUM

This two.volume work is the first one devoted solely to the study of the peritoneum. It is authoritative and embodies years of research. A complete treatise on the structure of the peritoneum and its function in relation to the principles of abdominal surgery, and its diseases and their treatment. Just published.

By Arthur E. Hertzler, A. M., M. D., F. A. C. S., Surgeon to Halstead Hospital, Halstead, Kansas; Assoc. Prof. of Surgery, University of Kansas, etc. In two volumes of over 900 pages, with 230 original engravings and 4 color plates. Price, per set \$11.00.

Fend for a copy of these important new books today. Use attached coupon and mail NOW. Special terms of payment can be arranged for.

C. V. Mosby Company MEDICAL PUBLISHERS

801=809 Metropolitan Building ST. LOUIS, - - - U. S. A.

Send for a Copy of Our New Medical Book Catalog

OPERATIONS OF OBSTETRICS

Embracing the surgical procedures and management of the more serious complications. It is clear, concise, and free from padding. The subject is presented from the operator's point of view, only enough pathology and physiology being introduced to give reason for and insight into various procedures. Beautifully illustrated. Just published.

By Frederick E. Leavitt, M. D., formerly assistant Professor of Obstetrics and Gynecology, University of Minnesota, etc. 466 pages, 6x9, with 250 original engravings. Price, cloth \$7.50

C. V. Mosby Co., St. Louis.

(Maine Med, Jour.)

Send me the following books:

Hertzler \$11.00

Leavitt \$7.50

Name

Oculists Prescription Work

THE SMITH-SOMES CO.

OPTICIANS

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess

CALCREDSE



Effective Creosote Medication

CALCREOSE is a combination of calcium and pure beechwood creosote, approximately equal parts of each. It has full creosote effect, aids indigestion, improves nutrition and does not have any untoward effect on the stomach.

By prescribing **CALCREOSE**, effective and continuous creosote medication is possible and better nutrition is obtained.

Dosage accurate and easily controlled. Write for further details and samples.

THE MALTBIE CHEMICAL CO., NEWARK, N. J.





PITUITARY LIQUID

THE product is of standard strength. The package is dated. The doctor knows. He dosen't trust to luck.

It is Posterior Pituitary Active Principle in isotonic salt solution and is without preservatives.

 $\frac{1}{2}$ c. c. ampoules (small dose) are labeled, "Obstetrical and Surgical."

1 c. c. ampoules (full dose) are labeled, "Surgical and Obstetrical."

Either in an Emergency.

Literature on request.

ARMOUR COMPANY

THE JOURNAL

OF



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 2.

SEPTEMBER, 1920.

\$2.00 per year

Gastron

A new gastric-gland extract (alcohol free)

Affords a means of fortifying and promoting gastric function under clinical conditions. It is qualified for this service by the fact that it is a complete gastric-gland extract, actually representative of the gastric gland tissue juice in all its properties and activities—activating, digestive, antiseptic.

Gastron has found wide acceptance under the "considerate thought" of the physician, to whom it is submitted—success follows its use.

Fairchild Bros. & Foster New York

OFFICERS.

President—T. E. Hardy, Waterville, 1st Vice-Pres.—G. R. Campbell, Augusta, 2nd Vice-Pres.—James McFadyen, Milo. Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District,	J. F. Thompson, Portland,	Term e	expire	s 1921.
Second District,	E. V. Call, Lewiston,	4.6	144	6.4
Third District,	W. E. Kersliner, Bath,	6.6	6.6	1923.
Fourth District,	F. H. Badger, Winthrop,		6.6	"
Fifth District,	Lewis Hodgkins, Ellsworth,	6.6	4.6	1922.
Sixth District,	C. H. Burgess, Bangor,	6.6	"	6.6

	CONSTITUENT COUNTY SO	OCIETIES.
COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	L. F. Hall, Lewiston,	L. O. Roy, Lewiston.
Aroostook,	F. W. Mitchell, Houlton,	F. E. Bennett, Presque Isle.
Cumberland,	F. J. Welch, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Haucock,	F. Fremont Smith, Boston, Mass.	Geo. A. Neal, Southwest Harbor.
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	W. M. Spear, Rockland,	C. D. North, Rockland.
Oxford,	O. S. Pettingill, Heborn	W. T. Rowe, Rumford.
Penobscot,	W. E. Fellows, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxcroft.
		C. N. Stanliope, Dover, Acting.
Sagadalioc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	W. G. Sawyer, Madison,	C. E. Richardson, Skowhegan.
Waldo,	Eugene L. Stevens, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

House of Delegates—		General Meetings—	
First Meeting	29	First Session	5
Second Meeting	51	Second Session	6
Second Meeting	31	Third Session	6
Third Meeting	58	Fourth Session	7

PORTLAND SCHOOL OF LIP-READING

For the Hard-of-Hearing and Deaf Adult

MULLER-WALLE METHOD

Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS MISS MARGARET J. WORCESTER 65 Thomas Street, Portland, Maine

FOR SALE

Physician's practice and residence, office, stable and garage. Hot and cold running water, bath room, all modern conveniences. Manufacturing town, easy competition.

ADDRESS X, Care of Journal.

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440

NOW IS THE TIME!

To Install The Betz' Sanitary Waste Bucket in Every PHYSICIAN'S OFFICE, HOSPITAL, SCHOOL and HOME

Safeguard the health of your patients and family by the use of one of these MODERN receptacles.

PREVENT THE FLY

PREVENT DISEASE

Automatic self-closing cover controlled by foot lever enables you to dispose of refuse without touching hand to pail. Finished white enamel with removable galvanized pail inside. Made in two sizes only.

6X1100. 12 quart.....\$5.00

20 quart.....\$5.50

FRANK S. BETZ CO.

CHICAGO, 30 E. Randolph St.

HAMMOND, IND.

NEW YORK, 6-8 W. 48th St.

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address:

For Particulars and Rates write to FRANCIS J. WELCH, M.D.

608 CONGRESS STREET

EAST PARSONSFIELD, MAINE

THE BOWDOIN MEDICAL SCHOOL

Addison S. Thayer, Dean, 16 Deering Street, - - F

Portland, Maine



Dr. Leighton's Hospital PORTLAND, MAINE

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Telephones { 1318 | 1406

Portland, Maine

New England Laboratories



175 State Street

Springfield - Massachusetts

The diagnosis of Syphilis can never be definite nor the treatment complete without the Wasserman reaction. To be of definite value the test must be performed by a trained serologist, and more than one antigen employed. We are using three different antigens and are equipped for any modification of the Wasserman reaction.

Containers and Fee Lists upon request.

Director George L. Schadt, M. D.

Telephone River 368-II'

The STORM ABDOMINAL SUPPORTER

Adapted to Use of Men, Women and Children and Babies FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREG-NANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.







Special Kldney Belt

Washable as Underwear

Inguinal Hernia Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA

A Book for Which the Profession Has Been Waiting

Exophthalmic Goiter and its Nonsurgical Treatment

By Israel Bram, M. D., Philadelphia, Instructor in Clinical Medicine in Jefferson Medical College, Philadelphia; Member of the Society for the Study of Internal Secretions, etc.

450 pages, 6x9, printed on light-weight paper, with beautiful silk cloth binding. Price, \$5.50.

two Send for a copy of this important new book today. Use attached coupon and mail NOW. Special terms of payment can be arranged for.

C. V. Mosby Company

801-809 Metropolitan Building

ST. LOUIS. - - U. S. A.

Send for a Copy of Our Medical Book Catalogue

I N this new work, just from the press, there is to be found up-to-date information on the diseases of the thyroid glands and their medical treatment. There are chapters on Anatomy of the Thyroid; Physiology of the Thyroid; Pathology of Exophthalmic Goiter; Pathogenesis of Exophthalmic Goiter; Diagnosis and Differential Diagnosis; Case Histories of Nonsurgical Cures; Conclusions on the Treatment of Exophthalmic Goiter.

C.	$\mathbf{v}.$	MOSBY	CO.
	S	L. Louis.	

(Maine)

Send me the new book, "Exophthalmic Goiter," by Dr. Israel Bram, of Philadelphia, for which I enclose \$5.50, or you may charge to my account.

	a.	11	,,,	Ç	• •	•	• •	•	• •	•	٠.	•	• •	•	• •	٠	• •	•	٠	• •	 ٠	• •	•	 	•	•	•		٠	• •		 ٠	• •	•	•	 ٠		• •	•	
 						٠.																																		





Effective Creosote Medication

CALCREOSE is a combination of calcium and pure beechwood creosote, approximately equal parts of each. It has full creosote effect, aids indigestion, improves nutrition and does not have any untoward effect on the stomach.

By prescribing **CALCREOSE**, effective and continuous creosote medication is possible and better nutrition is obtained.

Dosage accurate and easily controlled. Write for further details and samples.

THE MALTBIE CHEMICAL CO., NEWARK, N. J.





SINGLE LEVER CONTROL "VICTOR"

Victor engineers have evolved, from the more recent requirements in modern x-ray apparatus, the most simplified and efficient application of certain electrical and mechanical principles—

VIZ.:

The Victor Auto-Transformer Control as incorporated in Victor Interrupterless X-Ray Transformers is the only one available today that gives the operator complete control, including the finest adjustment, with a single lever.

Why consider operating any type of auto-transformer control with more than a single lever? Why subject yourself to complications in technique and danger of tube destruction when with single lever control—VICTOR SINGLE LEVER CONTROL—a finer control and regulation is available.

"Whatever it is, let it be the best," is a slogan of Victor engineers that is reflected in every Victor product. It makes for our absolute confidence in the apparatus to meet the most exacting requirements, and assures you permanent satisfaction in the use of the equipment.

VICTOR ELECTRIC CORPORATION

Manufacturers of Roentgen and Physical Therapy Apparatus

CAMBRIDGE, MASS. 66 Broadway

STATE OF CHARACTER AND A CHARA

CHICAGO

Jackson Blvd. and Robey

NEW YORK 131 E. Twenty-third St. Territorial Sales Distributors:

MESSRS. SAXBY & OYLER

66 BROADWAY.

CAMBRIDGE, MASS.



Adrenalin in Medicine

1—Its Physiological Action

THE active principle of the medullary portion of the suprarenal gland and other chromaffinic cells, adrenalin, has been used by physicians throughout the civilized world since the day we introduced it, almost twenty years ago. It has attained a position of importance in the medical equipment that was hardly dreamed of in those early days when comparatively little was known concerning its physiological action. Today its effect on most of the tissues is pretty well defined.

Adrenalin affects body tissues in a manner strikingly similar to the effect produced by stimulating the sympathetic nerve system. Thus, if the sympathetic nerves govern the contraction of certain unstriped muscle tissue, adrenalin, too, will contract it. If, on the other hand, the tissue in question is supplied with inhibitory impulses by this nerve system, adrenalin relaxes it.

These actions, however, are exerted neither through the medium of the sympathetic nerves nor directly upon the muscle fibres themselves. The receptive organs for these adrenalin impulses are the points of union of the sympathetic nerves

and the unstriped muscle fibres—the myoneural junctions.

Probably the most important action of adrenalin is stimulation of the muscular coats of the arterioles. At first there is acceleration of the pulse rate, but the rise in blood pressure which results from vaso-constriction soon excites the vagus centre and as a consequence the heartbeat is slowed and strengthened. Besides this indirect vagus action, adrenalin stimulates the heart directly, thus producing more complete evacuation of the chambers. In large doses, however, adrenalin predisposes the heart to fibrillary contractions.

The stimulating action of adrenalin is exerted also on the dilator muscle of the iris (dilates the pupil); the muscular fibres of the uterus and vagina; the retractor muscle of the penis; the pyloric and ileocecal valves; the glycogenolytic function of the liver; the salivary glands and the glands of the mouth and the stomach.

Adrenalin relaxes the muscular walls of the esophagus, stomach and intestines. Also on the muscular coat of the bronchioles adrenalin has a relaxing effect, due probably to vagus stimulation.

PARKE, DAVIS & COMPANY

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

SEPTEMBER, 1920.

No. 2

SIXTY-SEVENTH ANNUAL MEETING OF THE MAINE MEDICAL ASSOCIATION.

HELD AT AUGUSTA, MAINE, JUNE 28, 29 AND 30, 1920.

FIRST MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 8.00 P. M. at the Augusta House, Augusta, Maine, by the President, Dr. Mason.

A roll call of the delegates being taken, a quorum was disclosed.

REPORT OF THE SECRETARY, DR. B. L. BRYANT.

Dr. Bryant: Mr. President:

Androscoggin has reported in 54 members; in 1919 she had 60 members, a loss of 6. Aroostook County reports 48, the same as last year. Cumberland County reports 163, and 146 last year, a gain of 17. Franklin County 13, last year 18, a loss of 5. Hancock 24, with a gain of 1. Kennebec 61, with a loss of 9. Knox 22, last year the same. Oxford 33, last year 41, a loss of 8. Penobscot 77, last year 87, a loss of 10. Piscataquis 19, last year the same. Sagadahoc 14, last year 20, with a loss of 6. Somerset 15, last year 16, a loss of 1. Waldo 9, last year 11, a loss of 2. Washington County 33, last year 35, with a loss of 2. York 56, last year 73, a loss of 17. Paying directly 14, last year 11, a gain of 3. This makes a total registration so far of 655 members, a loss of 45.

In looking over the reason for this loss, so far as I can see, it is not due to the four dollar dues, but, to a certain extent, to the fact that there were in the service from this Association 149 men, and since coming back quite a number of these men have not settled in their old places, and quite a number have gone out of the State. We have a loss of 45 members this year.

On motion it was voted that the Secretary's report be accepted.

REPORT OF THE TREASURER, DR. B. L. BRYANT

REPORT OF THE TREADORER, DR. B. E. BRITANT		
Dr. Bryant: Mr. President:		
There has been collected from dues this year	\$2,5	590.00
Amount spent for this year	2,5	549.87
Leaving cash in the treasury	\$5,1	139.87
To itemize the expenses of the Association:		
Legislative Committee last year, Dr. Robinson	\$	10.00
Dr. George H. Coombs		25.98
Dr. S. J. Beach		7.30
W. R. Pattangall		85.00
Dr. George H. Coombs, President's salary		25.00
Dr. F. N. Whittier, venereal diseases		25.00
Dr. O'Leary, expenses		12.00
Dr. Frothingham, expenses		10.00
Baston Bros., for buttons		17.31
Blake, Barrows & Brown for treasurer's bond		5.00
Women's Literary Union, for hall		45.00
Frederick F. Bruns, for signs		6.25
Dr. E. W. Gehring, for printing and advertising		18.60
J. R. Libby, cuspidors		2.18
Cecil Clay, stenographer		13.18
Cobb & Webster, carpenter work		23.43
Dr. Banks' expenses		56.38
Ford Taxi Company		2.00
Dow & Pinkham, insurance		6.50
Bangor Corporation Printing Co., for envelopes		3.25
F. H. Clifford, printing		3.93
F. Y. Gilbert, Journal	5	00.00
B. L. Bryant, Secretary's salary		.00,00
Baston Bros., for buttons		15.26
Expenses of delegate to New Orleans	2	14.58
H. B. Mason, President's expenses		66.67
G. H. Coombs, Legislative Committee		39.35
Making total expenses for this year	\$1,4	39.95

I would say that so far as I know every bill has been paid that has been authorized, and we start in with a clean slate and with cash in the treasury, \$5,139.87. [Applause.]

On motion, Voted that the Treasurer's report be accepted.

Secretary Bryant: I ask, Mr. President, that it be referred to the Auditing Committee after the meeting here. All the checks are

here, bank accounts and everything, and will the members of the Council who are here please audit the treasurer's account?

THE PRESIDENT: Next are the reports of the Councilors of the various Districts, and the first one who appears to be present is Dr. E. V. Call, of Lewiston, representing the Second District.

DR. CALL:

Mr. President, we have had a very successful year so far as meetings are concerned, having had eight in all during the year. We did not have many papers, but cases were discussed and different items of business brought up and carried through. At the present time we have sixty members in our society. That makes five new members for the year. I did not get around to visit the outside societies. For some reason we could not seem to connect, but everything went along all right so far as I know.

Voted that the report be accepted.

THE PRESIDENT: Next is the report of the Committee on Scientific Work, Dr. Tyson, chairman.

Dr. Tyson:

Mr. President, I have nothing to report except to call to your attention the program which we have endeavored to get together before you. The work of compiling this program was placed upon the committee by the Association last year, and we did not seem to have much to say about it. Nevertheless, we have done the very best we could under the circumstances. We found difficulty in arranging for a time for the meeting here at Augusta, and it seemed that the present day, to-morrow and the next day were the only dates we could get that did not conflict with other conventions in the city. A feature of this program will be a clinic at the State Hospital to-morrow afternoon. This clinic will begin at 2.00 P. M. promptly, daylight saving time, and we hope at the hospital that every member will try and attend. We are going to try to show you some of the clinical forms of psychiatry that you ought to know. I am pleased to report that practically all of the men who are visiting here will be present, and I believe that the program will be highly beneficial. We have tried to make it as varied as possible, and we have not borne down on any one particular phase of medicine.

THE PRESIDENT: Next is the report of the Committee on Public Policy and Legislation, Dr. G. H. Coombs, chairman.

Believing that by waiting until spring a better idea of the working of the revised Workman's Compensation Law could be had, a letter on this and topics directly related to the needs of the members of this Association in so far as the Legislative Committee could help was sent out May 15. From these replies is made the following report, about half of which were non-committal because of unfamiliarity with the laws inquired about.

Evidently the changes in the workman's law have been, so far as reports have come in, beneficial. Emphasis was, however, laid on the unsatisfactory wording of the clause in Sec. 10 of this act as revised, which is, "in case of

emergency or for other justifiable cause the employee shall have the right to select a physician other than the one provided by the employer," the reasonable cost of such services being paid by employer, subject to the approval of the industrial accident commission.

This opens up the objection to the law in so far as it relates to the fees allowed, which are practically those of insurance companies, and from the viewpoint of those who pay the bills they are more interested than the doctor can possibly be. This is in all its essentials a law for the insurance companies, and to be a success the receipts from premiums must be sufficient to cover losses paid, overhead costs to these companies and their dividends. It seems as if these were amply provided for if the reports of the Insurance Commissioner are correct, or, perhaps, if we read them correctly.

1918	premiums	received by	insurance	companies	\$1,101,302.80
1919	premiums	received by	insurance	companies	1,274,658.01
1918	losses pai	d by insurai	ice compan	ies	312,050.65
1919	losses pai	d by insurar	ice compan	ies	432,925.75

This shows that the premiums received in 1918 were \$789,252.15 in excess of the losses paid. For 1919 the proportion is not much different: Premiums \$841,732 in excess of losses.

Allowing a reasonable amount for unsettled losses at the end of each year, it still looks as if there were no reason why the fees for this work should not be equal to those paid for private work of a similar character.

Nor on the ground of expense through higher premiums to the employer does it seem to be a valid reason why the workman should not receive compensation beginning at the time of the injury. Before the last Legislature this last objection was overshadowed by the claim that payment from beginning of the disability would favor malingering.

We believe any such objections of this sort are completely negatived by the injustice of the idea, for oftentimes the loss of ten days' pay to the workman's family is a calamity, and we as doctors become painfully aware of this condition.

Does this call for the active support by the Legislative Committee of the resolution by the Maine Federation of Labor at a recent convention to do away with the waiting period of compensation? If it is the sense of this body that it be supported, will not its members write this committee of specific instances of hardship arising out of the present ten-day waiting period?

In New Brunswick if disability continues after seven days, payment dates from date of injury. The report of the workings of the law as developed in New Brunswick shows that the element of malingering is discounted and is a factor of no moment. There the funds for the payment of losses come from assessments on the employer by the government and is not a law of and for the insurance companies. There, also, full medical and hospital expenses are paid.

Attention is called to the fact that while the work of the Industrial Accident Commission has to do with injuries of workmen and after-effects of the same, yet the only specified qualifications of members of this Commission is that the chairman shall be "learned in the law and a member of the bar in good standing." We contend that one member of this Commission should be "learned in medicine and surgery and a member of this society in good standing."

Does this body believe that an effort should be made for this change, and if so, shall the salary sought for be sufficient to uphold the requirements of a first-class man?

It is the universal belief that State Health Insurance wherever tried is a failure and is contradictory to the best practice and traditions of our profession. Shall we not in support of similar action by the American Medical Association pass resolutions against this move in any form, giving your Legislative Committee the moral support in advance of any attempts of the sort which may come up in the next Legislature?

That the workings of the Medical Examiner Law has resulted in unhappy conditions and practices in more than one section of the State is so apparent that we feel it a duty that some specific action be taken in protest of the law as it now stands or toward framing a new law which shall have the united support of this Association as such and as individuals. The time has passed when these things should be left for committees to bear all the work of getting these good things through the Legislature, though we point with pride to the good things which bear the impress of our profession on the statute books. If a change is desirable, it is also desirable that every member of this Association interest himself to support it by his influence.

It is urged that the State of Maine shall have connected with its health department a trained pathologist, as it now has, and that he shall be at the head of the Medical Examiner system; that he shall have three or more chief assistants in different parts of the State, who shall be paid for services performed; these, in addition to the county Medical Examiners, and that the chief or one of the assistants designated by him for the case be present at every autopsy performed.

It is urged that there shall be provided in each county a suitable place to which bodies requiring autopsy may be removed and errors due to faulty conditions eliminated. These examinations are for the purpose of justice and not theories, and it should be possible to place the facts and not the fancies of the case before the court in such a way as to command the respect of the courts and do away with efforts to defeat the ends of justice.

We believe that the medical men upon whom may devolve the working of this law should be nominated by officers of this Association whose only interest would be to make appointments which would work for the best interests of the State.

Protest is made of the fees named in this law for service expected under it, and so plainly are they out of touch with the type of work called for that it is a matter of amazement that any service is done at all under the law and it is done mainly because of the appreciation many good men have of their duty as citizens.

We protest against the idea of importing experts from out the State for murder cases on the ground that if we have not—but we believe we have—the talent the State owes to itself and to the people that a beginning be made to have men trained for this work who can, as citizens, lend to our courts that support in the administration of justice in murder cases that the people have a right to expect.

If it is the sense of this body that an effort be made at the next session of the Legislature to amend this law, it is suggested that a committee be appointed to take it up and that the expenses of this committee be paid by this Association.

As the matter of Medical Registration is to be taken up by a special paper, it is only mentioned to call your attention to the expectation that we can expect an attempt to have another examining board for another cult. This has interest, not in the methods of treatment which must answer for themselves in time, but that it is the interest of all citizens of this State that he who advertises to heal

the sick shall first show to authority that he has the ability to diagnose, and in that ability to diagnose the community in which he works is safeguarded from ignorant imposters.

THE PRESIDENT: The question is open for discussion.

Dr. Spalding spoke in favor of the report and urged that some action be taken.

Dr. Garcelon, Lewiston, raised the question of the freedom of the injured employee to consult his own physician in case of accident, also of physicians entering into contract with corporations to do their work at less than regular fees, stating that the Androscoggin Society have gone on record as opposing this feature of the present compensation act.

THE PRESIDENT: I would like to ask Dr. Coombs if he recalls whether or not in the New Brunswick act the injured man has the right to choose his physician?

Dr. Coombs: I believe the company furnishes the physician.

THE PRESIDENT: The question is still open for discussion.

Dr. Boyer, Waterville, felt that the treatment of accidents should be left to men specially trained in this work, as it is a specialty in itself, as shown by the Association of American Industrial Surgeons.

THE PRESIDENT: The question is still open.

Dr. Kershner, Bath, spoke in favor of Dr. Boyer's position.

Dr. Gilbert stated that the Compensation Act would be taken up on Wednesday afternoon at the general session by Mr. Robinson, and suggested that further discussion be postponed, and that the House pass on to the consideration of the other questions raised in Dr. Coombs' report.

Secretary Bryant: The three headings are Health Insurance, the Medical Examiner Law and Medical Registration.

Dr. Hardy advocated change in the Medical Examiner Law, so that autopsies could be done without violating a law. At present, an autopsy must be authorized by the County Attorney, the Attorney General, or a Medical Examiner.

THE PRESIDENT: Is there any further discussion of the report of this committee? Before the report is accepted I would suggest that a committee be nominated from the floor to take up this report and consider it, and after hearing the papers that will be read on this sub-

ject, to report to the general meeting resolutions upon these subjects for action by the Association Wednesday afternoon.

It was then voted that the report be accepted.

THE PRESIDENT: The Chair will call for nominations from the floor for a committee of three to consider this report and to draw up resolutions for presentation to this Association.

The names of Dr. Robinson, Dr. Coombs and Dr. Boyer were then placed in nomination.

Dr. Boyer requested that he be relieved from serving on this committee, and Dr. Whittier was made the third member.

The name of Dr. Whittier was then placed in nomination, and the committee as finally chosen was composed of Drs. Robinson, Coombs and Whittier.

THE PRESIDENT: This committee will take this report and consider it in the light of the discussion that has been held here, and also the papers that will be read covering the subject, and report Wednesday afternoon to the general meeting.

Next is the report of the Committee on Venereal Diseases, Dr. Whittier, chairman.

REPORT OF THE COMMITTEE ON VENEREAL DISEASES AND THEIR PREVENTION.

PRESENTED JUNE 28, 1920.

Mr. President and Members of the House of Delegates:

The Committee on Venereal Diseases and Their Prevention was appointed June 28th, 1910. The Committee is therefore celebrating to-night its tenth birthday.

Ten years ago the Association was in session at Bar Harbor and Dr. George A. Phillips read a paper dealing with the ravages of venereal diseases. At the close of his paper, Dr. Phillips suggested that the Chair should appoint a committee to fight venereal disease in Maine. The motion was made and prevailed. The President, Dr. Galen M. Woodcock, of Bangor, appointed the following Committee on Venereal Diseases and Their Prevention: F. N. Whittier, Brunswick; A. L. Stanwood, Rumford; E. E. Holt, Portland; E. H. Jackson, Houlton; A. S. Thayer, Portland.

The Committee made its first report on June 29th, 1911, and made the following recommendations:

- 1. That this Association recommend to the State Board of Health the sending out of circulars of information on sex hygiene to school superintendents, with the request that such circulars be distributed among teachers, also among pupils when deemed advisable.
- 2. That this Association recommend to the State Board of Health that syphilis, gonorrhea and chancroid be added to the list of diseases which phy-

sicians are required by law to report to the State Board of Health, with the provision that the diseases mentioned may be reported by number instead of by name and shall be accompanied by the physician's statement relative to facts concerning source of infection.

3. That a committee of this Association be appointed for co-operating with the State Board of Health in carrying on a campaign of education of the public as regards the importance of the prevention of venereal disease.

These recommendations were accepted by the Association and the Committee was empowered to carry them out as far as possible.

The first work of the committee in 1911-12 was the raising of funds necessary for carrying out the recommendations. The State Board of Health had no funds available, so all circulars were sent out by the committee. A fund of about five hundred dollars was raised during the year.

A special joint meeting of the Board of Health and the committee was held at Augusta on June 8, 1912. At this meeting the Board of Health passed the following resolutions:

Resolved, That this board approves a plan of disseminating information among superintendents of schools and parents upon sex hygiene and the danger of venereal infection.

Resolved, That the State Board of Health is ready to co-operate with the members of the medical profession, as represented by the Committee on Venereal Diseases and Their Prevention of the Maine Medical Association, in the protection of the community and the education of children along the lines indicated by the foregoing resolution.

Resolved, That it is the sentiment of this Board that syphilis, gonorrhea and chancroid should properly be included in the list of infective diseases, made reportable by law, provided such diseases be reported by number and not by name.

The committee decided to adopt the suggestion of Dr. Bailey, of Harvard, and send carefully worded circulars of information on sex hygiene to parents, with the request that parents read them, and if they found nothing questionable or objectionable in them to give them to their children to read when they reached a suitable age. Parents were further requested, in case they found anything objectionable in the circulars, to notify the committee of their objections.

This and other plans of the committee were adopted after consulting by letter all the State Public Health Secretaries of the United States. At that time only two States, California and Utah, had laws providing for the reporting of venereal diseases.

In the report submitted June 13, 1912, the committee made the following recommendations:—

- 1. That your committee be empowered to work with the State Board of Health in disseminating information among superintendents of schools and parents upon sex hygiene and the danger of venereal infection.
- 2. That your committee be empowered to develop public opinion for including syphilis, gonorrhea, and chancroid in the list of infective diseases, made reportable by law, provided such venereal diseases be reported by number and not by name.

These recommendations were accepted and the committee was continued.

The Board of Councilors also voted an appropriation of \$50.00 to be used for printing, postage and stationery.

During 1912-13 the committee devoted most of its energies to the sending of letters and circulars of information to parents of boys of grammar school age. In each case the committee requested the parents read the circular first and then if approved, to give them to their children to read when they reached a suitable age. The names of the parents were obtained from the town superintendents and the names of the town superintendents were obtained from the state superintendent.

The committee spent considerable time in the selection of a proper pamphlet of information to be sent to the parents. It was finally decided that the pamphlet published by the American Medical Association was the best for this purpose. Accordingly this pamphlet, with the committee's report of 1912 and the following letter, were sent to parents whose addresses had been received from the town superintendents:

Dear Sir or Madam:—Under separate cover we are sending you a small pamphlet dealing with sexual hygiene for boys. Our committee is sending such pamphlets to parents. It is the belief of our committee that much venereal disease would be prevented were boys familiar with the facts set forth in this little book. Therefore, we ask you to read its pages carefully and then decide if it does not contain truths which you think your boy should know. If you conclude that it may benefit your boy to have these facts from a reliable source rather than to depend for such information on what he invariably hears from his playmates and elsewhere, will you not prepare him for the pamphlet with a few well chosen words of your own and then let him read it, or read such extracts from it as your judgment dictates? Possibly you may prefer to ask your family physician to undertake the task for you.

If you have already taught your boy all you think is necessary, then this letter and pamphlet are not for you. If, on the other hand, you do not agree with our views, won't you help by writing frankly your criticism to me?

I enclose report of 1920, which contains resolutions adopted jointly by the State Board of Health and our committee.

Very truly yours,

The committee also sent letters to the members of the Maine Medical Association explaining the work of the committee. A copy of the pamphlet was sent with each letter. Many helpful suggestions were received.

Again during the year 1913-14 the work of disseminating information was continued. About 1,000 letters and circulars were sent out.

The committee received \$200 in gifts during the year besides \$50.00 voted from the funds of the Maine Medical Association.

In 1914-15 the committee sent letters to 631 clergymen and 207 letters to superintendents of schools and teachers. The teachers included the faculties of our four Maine colleges. The responses to these letters were most gratifying.

During all this time the committee was trying to strengthen public opinion so that it would back up laws if such laws should be passed by the Legislature. In this year the committee lost the services of Dr. Jackson by resignation. Dr. R. A. Holland was appointed in his place.

Nearly 8,000 pieces of mail matter were sent out during this year, bringing the total up to over 17,000 for the five years of the committee's work. The total receipts for the five years were \$1,148.19.

In the report presented June 9, 1915, the committee said:

Your committee feels that of the different plans for the prevention of venereal disease in Maine, the following offer the most at the present time:

- 1. Assisting in awakening the people of Maine to the dangers of venereal disease.
 - 2. Assisting to some degree in establishing higher ideals of sexual morality.
- 3. Arousing parents to a sense of responsibility in regard to the sexual morals of their children.
- 4. Calling the attention of parents to the need of arousing in developing boys and girls the feeling of responsibility in regard to the health and welfare of their future families.
- 5. Assisting in awakening public opinion to support officers of sanitation in applying modern hygiene methods to the control of venereal disease.

In 1915-16 the Maine Medical Association was facing a deficit and was unable to give the usual \$50.00 subscription to the committee. At this time a friend of course came forward and established the Prince A. Morrow Memorial Fund, consisting of twelve shares of stock in the American Agricultural Chemical Company, the income from which amounts to \$72.00 per year, to be used for the promotion of social hygiene work in Maine along ethical and scientific lines in order to create higher ideals and nobler living among the young men of the State. This year a questionnaire was sent to the Boards of Health of all the States and Territories and the replies were arranged in orderly fashion so as to form the latest word relative to action taken to combat venereal disease.

The tabulation obtained from this questionnaire showed many inconsistencies. For instance, reports from eleven States and one Territory indicated that over \$1,000,000 was spent for the suppression of tuberculosis, while at the same time less than \$4,000 was spent for the suppression of venereal disease, admittedly a much greater evil.

For this year the committee worked without two of its former members, Dr. Holt and Dr. Thayer. Dr. Holt had been elected President of the Association and Dr. Thayer felt that he could not longer give the time required. Dr. W. F. Hart, of Camden, was added to the committee, but left the next year to become President of the Association.

During the summer of 1916, in accordance with a plan suggested by the American Social Hygiene Association, Inc., and with the co-operation of Adjutant General George McL. Presson, the committee sent educational pamphlets to all of the officers and enlisted men of the 2nd Maine Infantry mobilized on the Mexican border. The pamphlet used was "Sexual Hygiene for Young Men," by William T. Belfield, M. D., and issued with the imprint of the committee by the American Social Hygiene Association, Inc. Each pamphlet was accompanied by an individual letter explaining the purpose of the pamphlet and urging a careful consideration of the facts presented. The number of these letters and pamphlets sent to the border was 1,039.

In regard to this work, the committee was much pleased to receive the following letter from Adjutant General George McL. Presson under date of May 28th, 1917:

"In reply to your letter of May 24th, referring to the work of the Maine Medical Association on venereal diseases, I beg to state that I wish to congratulate you on what was done by your committee in the 2nd Maine Infantry while on the Mexican border. The results were something wonderful. When the 2nd Infantry was mustered out on its return from the border a physical examination showed that out of over one thousand men only four cases of venereal diseases were discovered. This I consider was partially, if not fully, due to the work of the committee of the Maine Medical Association, and I hope that the people of this State will appreciate this valuable service that is being done and that you will be able to raise funds to continue the work. It has certainly the approval of this department, and again I want to congratulate you on your wonderful success."

The same pamphlet and similar letters were sent to 170 officers and enlisted men of the Maine Coast Artillery Corps, the work then being temporarily discontinued on account of the many changes in the personnel of the Corps.

In regard to the work with the Maine troops, your committee received several letters of commendation from officers with assurances of co-operation by lectures to the enlisted men. No word of disapproval was received, although objections were invited in the letters sent out.

LEGISLATION IN 1917.

During the session of the Maine Legislature in 1917 the committee devoted much time and funds to securing the passage of a law to provide for the free laboratory diagnosis of syphilis by the Wassermann reaction, treatment of syphilis and gonorrhea at cost, and the reporting, care and segregation of cases of venereal diseases in charitable correctional institutions. This work had the support of the State Board of Charities and Corrections, and of the Children's Protective Society of Maine. The original draft of the bill was prepared by Mr. James F. Bagley, of the State Board of Charities and Corrections, and the bill was introduced by Senator Roscoe T. Holt, of Cumberland County. Among the speakers for the bill at the hearing before the Committee on Public Health, to which the bill was referred by the Legislature, were Dr. A. G. Young, Secretary of the State Board of Health, Mrs. Maude Williams Smith, Agent of the Children's Protective Society of Maine, and Miss Gertrude L. MacDonald, Superintendent of the State School for Girls, all of whom did much to secure the passage of the new law. The chairman of your committee conducted the case for the proponents at the hearing.

In its work for this law the committee sent 744 individual letters, with copies of the bill, to members of the Maine Medical Association. The matter was personally presented by the chairman to the members of the Cumberland County Medical Society and to many individual members of the State Association. The Cumberland County Society unanimously endorsed the measure at its March meeting, and much aid was given by members of the State Association throughout the State, a majority of the physicians of Maine being heartily in favor of the law. Nearly 200 individual letters, with reports and literature, were sent to members of the Legislature, and many enthusiastic replies and pledges of support were received. The aid of eight daily and weekly papers of the State was asked, and many endorsements were published.

After many disappointments the law was given a passage by both branches of the Legislature and was approved by the Governor April 7, 1917.

During the war time little was done by the committee. Two of the three members were in the service and individually had more or less to do with the measures adopted by the Army for the suppression of venereal disease.

In 1918 the proposed Chamberlain-Kuhn Act was brought to the attention of the Association by a member of the committee and copies of the favorable resolution unanimously passed were sent to the Maine Senators and Representatives at Washington. Senator Hale introduced the resolution in the Senate. All the Maine Congressmen supported this bill. It passed both houses July 16, 1918, and virtually put the United States back of the State Government in the enforcement of laws looking toward the suppression of venereal disease.

During the year just past the committee has gone back to the old line of work. Some 800 copies of the pamphlet of the American Medical Association have been sent, with letters, to parents of boys of grammar school age. Some 500 copies of Dr. Belfield's pamphlets have been sent, with letters, to members of the Third Maine. This, with the reports sent, brings the total number of pieces of mail matter sent out during the last ten years well over 30,000.

The committee has made no drive since the war. It was thought better to avoid, if possible, the making of another drive or subscription. Some few subscriptions have come in, and these, with the income from the Prince Morrow fund, enable the committee to show a balance of \$279.65.

Next year your committee hopes to go on with lines of work which are not covered by the very efficient State organization established by Dr. Bristol and directed by Dr. Hitchcock. Your committee therefore asks for the usual appropriation of \$25.00, and asks to be continued for the carrying on of the work.

Following are some of the letters of commendation and encouragement: Governor Carl E. Milliken:

"I have noted with much interest the information regarding the work of the Committee on Venereal Diseases and Their Prevention and feel that this campaign is proving a very valuable adjunct to the program of the State Department of Health along this line."

William T. Foster, Vice-President, American Social Hygiene Association, formerly President of the Oregon Social Hygiene Association:

"I have just examined with much interest the publications and the educational methods used by the Committee on Venereal Diseases of the Maine Medical Association. I believe that this work is of the greatest importance and that the results of the wise methods you are following will be worth—even if judged solely on economic grounds—many times the cost. I know something about the State-wide program of education in social hygiene in Oregon, and I was therefore not surprised when Oregon made the best record of all the States in the examination for venereal diseases of the first million men drafted for the Army. The United States Public Health Service is right, I believe, in attributing this record chiefly to the success of the Oregon Social Hygiene Society in carrying out activities similar to those of your Maine committee."

Charles S. Erswell of Brunswick:

"I wish to thank you very much for the sexual pamphlet. I agree most sincerely with the views of the committee—not later than 13 years of age it should be compulsory that boys be made familiar with sexual matters. It would prevent many boys, in many instances, from ruining others besides themselves physically. I have gone over this very carefully with my son."

Howard Davies, Counselor at Law, Portland, Maine.

"I have received from the Maine Medical Association several pieces of literature, showing the work that is being carried on by your Committee on Venereal Diseases, and I have examined them with not a little care. I had no

idea of the scope of the work you are doing, and I am impressed at once with the effective results your work must be accomplishing. Until the time you took up a system of education on venereal diseases and their prevention, the State of Maine was far behind other States in this important line of work. At the present time, however, under your vigorous, intelligent work, I find that Maine is leading the way in this crusade in New England in both branches of the work which your committee is performing, namely: In pointing out to the parents of young boys the dangers of venereal diseases and urging upon them the importance of proper instruction, and the other, circulating pamphlets and other printed matter to men who might be infected with the diseases which you aim to prevent or to put them in a position where they would understand the true nature and effects of venereal infection."

H. M. Bigelow, Colonel of the Third Maine Infantry, National Guard.

"Dec. 12, 1919.

"In reply to your communication of the 5th inst., the suggestion that you take some steps to circulate your literature among the enlisted men of the 3rd Infantry, Maine National Guard, meets with my hearty approval. I believe in this work and desire to do all in my power to assist in it.

"When the regiment is mobilized for any reason if your committee desire to do so I would be glad to offer opportunity to you or anyone qualified to do so to take up this work in a personal way. I not only regard it as beneficial but also as of the highest importance. We have already devoted considerable time and effort to this subject and are prepared to do more if the opportunity presents itself."

Following is the financial report for the year ending June, 1920:

Receipts.				
Contributions, 1919-20		25.00 72.00 8.59		06.59 28.05
			\$53	34.64
Expenditures.				
Postage and stamped envelopes	" " " " " " "	Group " " " " " "	2 3 4 5 6 7	a a-d a-d
\$534.64				
Respectfully submitted.				
(- 3 · · · · · · · · · · · · · · · · · ·	F. N. V A. L. S R. H.	STANWO	OOD,	
	C. H. E. V. 0		ŝ,	

It was moved that the report be accepted and that the committee be continued, also that the Association contribute twenty-five dollars, as usual, toward its work.

The motion being duly seconded was carried.

The President: Next is the report of the Committee on Cancer, Dr. H. E. Thompson, chairman.

DR. THOMPSON:

Mr. President and Members of the House of Delegates: The report of this committee will be very brief. The function of the committee has been mainly one of education, and that phase of the work has been taken up to a great extent by the State Department of Health, and they have done a great deal of work along the line of cancer, together with the other diseases. What I have to report will be mainly the work done in the diagnostic laboratory.

There are a few points that I think might be well to bring before this meeting, and I am speaking on this from the standpoint of laboratory work and not from the standpoint of a surgeon or general practitioner. I think I am correct in stating that our knowledge of cancer, especially from the standpoint of etiology, is not very much different from what it was ten, fifteen and twenty years ago. There is nothing especially enlightening, and search is still being made for something in that line. Of course, the work along research lines must be carried out by men trained along those lines and by men who have at their command practically unlimited resources. It cannot be done by the fellow who can dabble in it for a few minutes now and then.

The State Department of Health does examine tissues for malignancy, and I will say that, while I have been director of the laboratory, we have had about 800 specimens sent to us for diagnosis. The Department of Vital Statistics and Department of Education have collected some interesting statistics in regard to cancer. During the past year, according to their statistics, there have been 888 deaths from cancer in the State of Maine. The number of deaths from cancer in 1900 was 526, showing an increase of 362 in that period of time. This increase has been rather gradual from year to year with very little fluctuation. I think these figures will show how vital the progress of cancer is to the public health of the State of Maine, and I think we ought to do all we can along the line of education to back up the work that is being done by that division of the State Department of Health. [Applause.]

Voted that the report be accepted.

THE PRESIDENT: The next report is that of the Committee on Public Health Among Women, Dr. Lucinda B. Hatch of Portland, chairman. [No response.]

THE PRESIDENT: Next is the report of the Committee on Hospitals Dr. W. N. Miner.

DR. MINER:

Mr. President and Gentlemen: Your Committee on Hospitals has only a short verbal report to make. I assume that you are all aware that it was the

American College of Surgeons that first started this work on the standardization or classification of hospitals. I assume you all understand that this is a new work, and quite a difficult work for any committee to take up and make any special progress with in a short season, for this reason: It seems necessary for that committee to make a personal inspection of every hospital in the State and make a report on conditions, together with recommendations; and if we had the whole 365 days of the year at our command, it would even then be quite difficult to get all that material formulated and make a report satisfactory not only to the Commission in Chicago, but also to the hospital staffs and corporations as they exist throughout the State. The classification as outlined by the committee from the American Medical Association and Council of Medical Education consists of Class A, signifying excellency, Class B, good, Class C, fair, Class D, not quite so good, Class E, bad. The principal thing in Class A is that they have properly educated internes to take care of the hospital work that comes under their care. Class B, and the other classes, need not necessarily have (Class B in particular) internes, but it must have all the other appurtenances of a hospital along its different special works, and carry that work into successful execution by a staff. Now we believe that it is quite impossible for ninetenths of the hospitals in the State of Maine to employ internes. We also believe that it is quite impossible for 75 per cent. of the hospitals in the State to have staffs. Simply because the size of the community does not warrant, and the number of physicians in town are inadequate, I see no reason why a hospital should be classified as E or D, or even C, which means an interior institution, simply because of their geographical position. Therefore, I consider the work of the committee as very difficult, the detail of these matters, and I think you will agree with me. Just the same the committee, consisting of Dr. Cousins, of Portland, and myself, have done what we could, and we have found that seven hospitals in the State in our opinion should come under Class A, twenty should come under Class B and Class C, and the other six under Class E. Class E is simply a house where cases are admitted, usually maternity cases, with no competent superintendent in charge, no graduate nurse on a salary, but simply under the jurisdictional care of a woman who considers herself competent from a financial and social standpoint to carry on that work in the community. Possibly if some of the hospitals knew the position that we had placed them in in this classification, they would be dissatisfied. That does not make any difference. We did the best we could, and I think we only have a very few that are put in the lowest class.

I think, Mr. President, that this covers my ideas of the case, and this report is submitted in behalf of myself and Dr. Cousins, of Portland. [Applause.]

Voted that the report be accepted.

Dr. Plummer, Lisbon: Mr. President, I would like to inquire if, in accepting this report, we accept the classification as drawn up, and the placing of the hospitals in the classification that Dr. Miner has given?

THE PRESIDENT: The motion was to accept the report. We do not bind ourselves to anything except the report as such.

The next report is that of the Committee on Medical Defense. Dr. Spalding.

Dr. Spalding: First, Mr. President, I would like to read my report as delegate to the New Hampshire Medical Society.

I have the honor to say that I attended, in May, the annual meeting of this Society as duly delegated, and found at the opening meeting a fine assemblage of physicians, nearly one hundred in number. After delegates from other societies had spoken, I read some typewritten remarks as a set speech, because it seemed to me a good chance to set forth as medical candidates for the National Hall of Fame the names of two of New Hampshire's worthies in the profession, Dr. Nathan Smith and Dr. Lyman Spalding, respectively in their times President and Vice-President of the New Hampshire Medical Society. My reasons for nominating these men were that their work was national and that it was permanent. Dr. Smith remains, so far, America's greatest medical educator, having established, when medical education was at its lowest ebb, medical schools in four different States in the Union. No physician has ever equalled that record. If all of his schools have not endured permanently, it is simply from lack of recognition by the people, and by physicians of the famous mentality and wonderful tact for instructing students as shown by Dr. Smith. So, too, shifting centers of population have changed the outlook for some former medical centers, as founded by Dr. Smith. Dr. Lyman Spalding originated the United States Pharmacopæia one hundred years ago and it has lasted until this day. So long as medicines are used, so long will the pharmacopæia which he originated endure. His mark on the medical history of the United States is permanent and indelible.

I furthermore advised the audience of the value of a Medical Journal, asked for literary contribution from them to ours, and spoke of our hopes for the adoption of medical defense and a board of organization by our society. In a word, I told them as briefly as possible what we were doing for medical progress in Maine.

The excellent program arranged for the meeting was then well carried out, and my visit to New Hampshire, the State of my birth and renewal of my practice, as it were, in that State after so many years in Maine, was a bright spot in my life. It was a pleasure to attend, to see so much fine work done and to be so handsomely received.

DR. SPALDING: Mr. President, I will be glad to talk to you on medical defense. This is the last time you will ever have to hear about it, because I have finished my work and I am handing in to you the report of the committee. For three years we have labored on it. It has been printed in the JOURNAL, and those who wanted to read it, could do so.

REPORT OF COMMITTEE ON MEDICAL DEFENSE TO THE HOUSE OF DELEGATES, JUNE, 1920.

To the Members of the House of Delegates:

Gentlemen:—After three years of careful study of this difficult problem, and after long correspondence with officials interested in the business in twenty-six other States of the nation, and in which medical defense has been carried out with satisfaction to all concerned from two to twenty years, we beg leave to report as follows:

That at a meeting of the Portland Medical Club in March the results of our researches were read in full, and subsequently printed in the JOURNAL of the Association, together with a tentative plan for carrying on medical defense in Maine, if adopted by the House of Delegates and members of the Association. Inasmuch as the JOURNAL and the tentative plan have already been put into the hands of all the members, they have had ample time to familiarize themselves with all its provisions and to offer objections and criticism. We have additionally received from one of our members a formal objection to the President and Secretary, with counsel, deciding regarding defense permitted to members, and to this we have replied as will be seen in the JOURNAL of the Association issued in May.

We believe that from these two sets of papers every member has been able to decide in regard to the advisability of the adoption of medical defense by the Association

As your committee, we recommend the following plan:

All active members of the Maine Medical Association shall be entitled to receive, without personal expense, legal advice and court service from an attorney hired by the Association for the purpose of conducting their defense in any court in Maine whenever they are accused of malpractice or of illegally committing persons alleged to be insane.

Active members wishing to avail themselves of the privileges of this Act shall apply in writing to the Secretary and prove that they are in good standing by the payment of all dues. They shall furnish the Secretary with a complete and accurate statement of their connection with, and treatment of, persons concerning which complaint has been made against them, with dates of attendance, names and residences of nurses and others knowing facts, and circumstances necessary to a clear understanding of all matters at question as may be required by the Secretary or the Association's attorney.

Members shall agree not to compromise or to make settlements in any manner without the advice and consent of the Secretary given through the attorney, nor shall they employ other counsel without the consent of the Association.

If they shall, without the advice or consent of the Association, decide to settle or compromise complaints against them, they shall pay the Association for expenses already accrued, and in default thereof they shall be deprived of further privileges under this Act.

When members ask for defense under the provisions of this Act, the President and Secretary together shall have power to grant it, or for evident cause to reject it, as the case may be, and to make such further provisions as may be deemed necessary for carrying out the purposes and intents of this Act.

The Association will defend up to within one year after his death the estate of any active member then in good standing, who was before his death complained of for alleged malpractice.

The Association will not defend a suit in a case of fracture or similar injury in which an X-ray plate was not taken and kept on file, unless it can be shown that at the time and place it was impossible to take one. Nor will it defend a member believed to be guilty of criminal abortion, fœticide, or any criminal act, or who has not conformed to the recognized ethical acts in such cases.

Where a defense is conducted by an insurance company, the Association will not contribute expenses, but will give all other aid possible.

The Association will not assume any responsibility for payment of sums agreed upon by arbitration in settlement of complaints or of verdicts awarded, or for making payments for any purpose whatsoever, except as herein specified.

Assessments for carrying out the provisions of this Act shall be decided by rules and regulations of the Association hereafter to be voted.

After adoption of this Act, members shall be provided with rules for guidance when threatened with suits alleging malpractice.

This Act shall take effect when approved by the House of Delegates and adopted by the Association, and shall apply only to suits based upon professional services rendered after its adoption.

We now express the unanimous opinion that Medical Defense as thus outlined be adopted with such changes as the House of Delegates may suggest, and put for a single year at least on trial, with the understanding that at the end of that time, or longer, if so voted, the various sections may be modified according to experience gained.

JAMES A. SPALDING, Chairman. WALTER M. SPEAR, GALEN M. WOODCOCK, Members.

After discussion and on motion by Dr. Hardy, duly seconded, it was voted to accept the report of the Committee on Medical Defense and adopt its provisions.

THE PRESIDENT: Next is the report upon the MAINE MEDICAL JOURNAL, Dr. Gilbert.

DR. GILBERT:

ANNUAL REPORT OF MAINE MEDICAL JOURNAL.

During the past year the Journal has continued its work under the handicaps surrounding the unsettled business conditions following the war. It is now nearly two years since the armistice was signed and our country is still in a state of war with the central powers of Europe; our foreign trade virtually cut off; our big industries operating at considerably less than full production; labor demanding compensation regardless of production and net returns, and using the unsettled conditions to force a general unionization of all industries and trades. These are some of the factors entering into the great industrial unrest, and a vastly greater disturbed economic state.

A glance at the financial report will show that the JOURNAL actually costs \$1.862.25 per year to run, although it has cost the Association only \$500. The balance, or \$1,362.25, must be raised from its advertising columns. On Jan. 1st, 1920, our advertising rates were advanced one-third to meet the increased cost of publishing and handling the JOURNAL. The increased cost is easily borne by

those concerns who see a return from the advertising, but to those who fail we have nothing to offer, unless our members will patronize those concerns who aid us in carrying on this work. Their products will cost a little more than some of the concerns not advertising, but when one considers the fact that their products have been submitted to the Council on Pharmacy and Chemistry of the A. M. A. and approved, we can readily conclude that these products are as specified and the claims made for them are true. Furthermore, they will not be advertised in the lay press as a cure for all things, nor be counter prescribed by the pharmacist in a similar way.

As one scans the horizon of the immediate future, he sees only clouds of a flimsy nature, but likely to grow to menacing proportions without much warning, and as we look into the more distant future, it must be with the feeling that a world so thoroughly organized before the war must eventually regain its balance, and with the passing of the clouds, peace and prosperity will reign again.

Coincident with the present unsettled conditions in the business world comes the curtailment of unnecessary expenses by all corporations and business concerns. This applies equally as well with concerns dealing with medical supplies which go to make up the Journal's advertising income. Can we not make an advertiser realize that we appreciate their patronage and are willing to co-operate with them by reading the advertising pages each month and specifying their products or dispensing them. If there is any trouble, write the Journal and rest assured that we will gladly take your troubles either directly to the concern, or indirectly through the Co-operative Medical Advertising Bureau. Take a few moments and write the concerns, or the Journal, of your needs, and we will co-operate with you in every way possible. Let us all work together for a larger and better Journal.

The editorial staff has endeavored, so far as possible, to meet the various handicaps and given liberally of their time to carry on this work for the benefit of the Association. If they could see two or more papers available each issue, a section devoted to case reports, one to County News and Notes and Personal Notes, they could promise a bigger and better Journal. To accomplish this it would seem advisable for each County Secretary to serve for a period of years, and make him your county editor, with instructions to forward to the JOURNAL a report of each meeting, together with the names of those present, and any personal items, case reports or papers he may find. We meet in general session only once a year, renew old acquaintances and make new ones. Is it not worth while to keep these friends and acquaintances posted on the activities in our county, the men who are active in our meetings, serving on committees and writing papers. This data will prove very valuable to the Program Committee of the State society and interesting reading to all. Help us to make this a valuable and interesting feature of the Journal. Let us have case reports and papers presented at your regular meetings.

In conclusion, co-operation by the members along the lines suggested above will greatly lessen the work of your editorial board, involve no hardship to the individual members, and insure material and financial support necessary to carry on this work, which is the biggest business venture this Association has entered on to date. We earnestly solicit this co-operation.

Respectfully submitted,

Editorial Staff, Frank Y. Gilbert, Managing Editor.

STATEMENT.

August 1, 1919, to June 30, 1920.

RECEIPTS.

Cash on hand August 1, 1919	\$ 706.01	
Subscriptions 12.50		
From State Treasurer	1,742.11	\$2,448.12
EXPENDITURES.		
Salary, stamps, etc. \$ 732.95		
Printing	\$1,862.25	
Balance on hand June 30, 1920	585.87	\$2,448.12

DR. SPALDING: Mr. President, I would like to say just one thing, and that is this: It is very curious to me to see men in our society stand up and tell an interesting case that they have seen, what they have done for that case, the results obtained, and make an interesting four- or five-minute talk, and sit down amid applause, and yet those same men cannot write out that case so that it will be available for other people. There is a reason. I wish I knew, but I do not understand it. Is it because they do not want to take pen in hand, as they say, or because they think that what they say when they see it written is different from what they say when they say it with their mouths open? I wish there was some way of getting at the men in the Maine Medical Association who make the meetings interesting and attractive to those who have ears with which to hear, and preserve through the JOURNAL of this society some of those brilliant, witty and spicy State reports that they stand up and deliver in the County Societies, as well as in the State Association. I wish there was some way of getting them to instruct the younger medical students by writing short medical papers, brief and to the point.

Voted that the report of the Committee on the MAINE MEDICAL JOURNAL be accepted.

THE PRESIDENT: The next thing to come before the House is the reports of the delegates and visitors. We have heard the report of the delegate from New Hampshire. Let us now hear the report of the delegate to the American Medical Association.

DR. BRYANT:

Mr. President and Members of the House of Delegates: My report as delegate to the American Association will be rather brief. You understand that every man who goes there for the first time labors under a great disadvantage.

It takes a year or two before you get hold of the ropes and know what is going on, but your delegate this year attended every meeting except one, the first meeting, when the train was late and he did not get in in time. He made some acquaintances and got some idea of the running of the Association. There was a goodly number there, a much larger attendance than was expected. About 3,800 were present, and the reception committee, the committee who took charge of us, did everything in their power to give the delegates a comfortable and a very pleasant time.

The business of the American Association is practically carried on entirely through the House of Delegates. They publish and send to each delegate before the Association meets a pamphlet of the things to be done, with reports of practically all of the committees and councilors of the Association, and that we have a chance to study long before we attend the meeting, thus getting some idea of the business that is coming before the Association. Now I am going to apply this to a certain extent to our own Association as to what could be done. I believe we would come down here each year much better fitted, and with a better knowledge of what is going to happen, if in the May number of the JOURNAL of the Association there should be published the reports of all committees that had been appointed at the previous annual meeting. I believe that these reports should be put into writing and should be published in the May number of the JOURNAL, so that every man who comes down here should have an opportunity to know what the business is going to be and be prepared.

Another thing! In the American Association they have what they call a President-elect and the acting President. The President-elect practically attends all the meetings of the House of Delegates, and the next year he goes into office and in charge of the Association with the knowledge of everything that has been done in the House of Delegates; that is, he has got a hold on the business of the Association before he becomes the active President. I believe that is a thing to be taken into consideration in this Association. Dr. Mason, for instance, was elected after the House of Delegates met and the business was done. Now this year he meets here with us, and next year he is out of office and a new man comes in. We do not know who he is, and he absolutely knows nothing about the business of the Association.

A large part of our time was taken up with a revision of the constitution of the American Medical Association. Our constitution has not been revised for a great many years, and there are many things in it at the present time which are obsolete. I believe there should be appointed this year a committee to consider the revision of the constitution and of the organization of the State Association.

Another thing! We should have each year at least two meetings of the County Secretaries. I believe that the County Secretaries should be paid their expenses from the Association funds. Now this next year the Secretaries will meet again in Chicago. Their expenses are paid there, and they bring up practically all business of the Association and put it up to the State Secretaries and send them back with reports to the State Associations. I believe in a similar way that every county association should send its Secretary to at least two meetings a year with the President and Secretary to take up the business and workings of the Association.

Now this matter that Dr. Spalding has brought up about a board of organization! We have a Board of Council of six members, but during the last few years I am sorry to say that I do not believe that council has been organized.

Now to go back to the American Medical Association, in the report of the Judicial Council, as I say, we took up this matter of revising the constitution, and the new constitution and by-laws will be printed and sent out in a short time. Also the Judicial Council has put in a great deal of time this year in looking up the matter of old age and invalid pensions. It is estimated that there are only 146 in the United States among the medical profession, so it would seem better that this whole matter be taken back to the State Associations to look after.

In the Council of Health and Public Instruction there were two things that were brought up. One was the Harrison law, and the fact that we have to pay the three dollar tax; and there was a resolution put through and sent to all the Senators and Congressmen protesting against that, and that it was simply an income tax on the profession, and that it should be put back to a nominal fee of fifty cents or a dollar.

It was unanimously voted by the delegates that they did not countenance any form of health or sickness insurance.

The Council on Medical Education was changed over to the Council on Medical Education and Hospitals.

There was elected as President for the next year Dr. Hubert Work, who has been for some time President of the House of Delegates.

A great effort will be made this year again for the establishment of a Department of Health. I believe we stand a fair chance of getting something of that sort this year.

So, with these suggestions which have come to me while thinking over this work and seeing the kind of work that is being done in other Associations, it would seem to me that these are the recommendations that I, as your delegate, would make to this Association. First, that we should have a President-elect and a President. Second, that we should have a revision of our organization and of our constitution; and third, that we should put our strongest men on our committees, and that we should have practically all of our committee reports in by the first of May, and published in the JOURNAL, in order that we may know just what the work is that we are going to take up when the House of Delegates meets. [Applause.]

The President: Is there present any delegate to any of the other state societies? [No response.] If not, I will call for any new business.

Dr. Gilbert: Mr. President, it seems to me that we ought not let this report go by without some action. Dr. Bryant's suggestions appeal to me very strongly, particularly that a committee should be appointed to revise the constitution and by-laws, and I would make the motion that the President appoint such a committee, with Dr. Bryant as chairman, to take under consideration and report to the meeting such amendments as he has outlined.

The motion being duly seconded was carried.

DR. BRYANT: Mr. President, I have received from Dr. Spalding for all his work for three years a very modest bill of \$10.00 for postage.

On motion by Dr. Whittier, duly seconded, it was voted that it be paid.

THE PRESIDENT: I will appoint as the Nominating Committee Drs. Bennett, Gilbert, Beach, Garcelon, A. K. P. Smith, and the President, *ex-officio*. Also as the Budget Committee the Secretary and Treasurer with the Councilors.

The House of Delegates will meet in the Hall of the House of Representatives immediately after the morning sssion tomorrow. The Councilors will meet on Wednesday for organization. There are only two of them here, and the Chair thinks we will have to elect two.

Secretary Bryant: I would suggest, Mr. President, that the delegates from those two districts, if they have any preference for Councilors from those districts, should make suggestions to the Nominating Committee.

THE PRESIDENT: What are those districts?

Secretary Bryant: Those districts are the Fourth, which includes Somerset, Kennebec and Waldo, and the Third, which includes Sagadahoc, Lincoln and Knox. We want the strongest men you have there, and men who will be willing to get out and work.

THE PRESIDENT: Will the delegates from the Third and Fourth Districts consider the suggestions of the Secretary with regard to the nomination of Councilors from those Districts? The Nominating Committee will please meet after the adjournment of this meeting to organize, and this meeting stands adjourned until after the morning session tomorrow.

SECOND MEETING OF THE HOUSE OF DELEGATES,

June 29, 1920, at Close of First Regular Session.

The meeting was called to order by the President.

THE PRESIDENT: We will listen to the report of Dr. Burgess, Councilor from the Sixth District.

Dr. Burgess:

As Councilor from the Sixth District, I have to report that the Aroostook County Society is in a flourishing condition, according to their Secretary, and they have not lost any members to speak of. Piscataquis County has had the usual number of meetings this year. They have no Secretary at present, as the physician who held that position has moved out of the State. The Penobscot

County Society has had the usual number of meetings, all interesting and nine in number. That is all I have to report.

Voted to accept the report.

THE PRESIDENT: Is there any other Councilor present? [No response.] Is there any new business to come before the delegates: Perhaps some of the delegates have arrived to-day with new business. [No response.] Then I will appoint a meeting of the House of Delegates at ten o'clock to-morrow morning. We will have it during the regular session.

Adjourned.

FIRST GENERAL SESSION,

Held in the Hall of the House of Representatives, Augusta, Maine, June 29, 1920.

The meeting was called to order by the President, Dr. Mason.

Invocation by Rev. A. Francis Walsh.

The President: I believe we were to be welcomed by his Excellency, the Governor. I think perhaps we shall have the privilege of welcoming him later on. I understand he is not present. His Honor, the Mayor of Augusta, Burleigh Martin, Esq., we will be pleased to hear from.

Mayor Martin: Mr. President and Members of the Maine Medical Association: Occasionally during the time I have been in office I have had the pleasure and the honor of welcoming different associations to this city; but I say to you sincerely and frankly that there has been no organization that it has given me more pleasure to welcome than your Medical Association. This is due in part, of course, to the fact that my father and my grandfather were both physicians, practicing in this city until the time of their decease. I hold and feel affection, esteem, and even a reverence for your profession, and it is therefore a great personal pleasure for me to welcome you to this city. In an ordinary address of welcome I do not think it good taste to offer words of advice, but I do feel that it may not be out of place for me to say simply this, and I say it partly because I am a member of a brother profession, the legal fraternity. I think that it is most important for you, gentlemen, and I know that that is one of your aims,

to keep the standards of your profession the highest. Do not allow the bars of admission for the practice of medicine to be lowered in any way. I feel that that is supremely important. No man should bear the title of doctor who has not studied the necessary time and who has not the necessary ability; and, if you do that, the medical profession will in the future be worthy of its splendid past. As I have said before, it is a personal pleasure for me to welcome you in behalf of all the citizens of Augusta to this city. We are proud of the practicing physicians in this city; and since your last convention here we have built, through the co-operation of all the citizens of this city, a splendid hospital, which I trust you will all see. We hope that your convention will be both profitable and pleasant, and in behalf of all the citizens of Augusta I extend you their most sincere greetings and welcome. We trust that you will enjoy yourselves here to the extent that we enjoy having you here. (Applause.)

THE PRESIDENT: Dr. Forrest H. Badger, President of the Kennebec County Medical Association, I think has a few words to say to us.

Dr. Badger: Mr. President and Members of the Maine Medical Society: In behalf of the Kennebec County Medical Association, I extend to you a cordial greeting, and welcome you to old Kennebec. On this sixty-eighth anniversary of your Society we are glad to be the hosts, and we assure you that anything within the power of the medical profession of Kennebec is yours for the asking. We hope that this meeting will be fraught not only with wisdom from the lips of the orators, but with pleasure gathered from our associations one with another, making new and renewing old acquaintances, so that your short tarry with us may be long remembered, and that we may return to our various fields of labor better equipped, in some way at least, to cope with the problems which confront us every day. Thus, if in no other way, this meeting will be for the benefit of mankind. With this result in view, I bid you all a cordial welcome. (Applause).

President Mason: Your Honor and Mr. President of the County Society: In behalf of the Association I thank you for your very cordial welcome. The doctor is always welcome at certain times, but it is very welcome to the doctor to be welcome when he does not come to give a pill or cure an ache; and we therefore appreciate it all the more. Speaking personally, and I believe for the Association, it is with great pleasure that we have accepted the invitation to meet here, and we hope to derive a great deal of profit from our stay.

I have the pleasure of introducing to you Dr. William B. Cutts, of

Providence, who comes accredited to us as a delegate from the Rhode Island Medical Society. (Applause.)

DR. CUTTS: Mr. President, it gives me great pleasure to be here at the meeting of your Maine Medical Association, having been born in the State of Maine, and having lived here during the greater part of my life—perhaps not the greater part, but nearly half of it—and having been educated in Maine. It has always been my ambition to be present at one of these medical meetings since I have been a member of the medical profession in Rhode Island. It gives me pleasure to bring greetings from the Medical Society of the State of Rhode Island to the members of the Medical Society of the State of Maine, from the smallest and wettest State in New England to the largest, driest and best State in New England. I have enjoyed coming here and seeing the beautiful landscape of the old State, and I hope to be able to spend a few days in renewing some of the old acquaintances and the old friendships. I am sure I shall enjoy your meeting, and I thank you for the courtesy of your kind reception. (Applause.)

THE PRESIDENT: There are no committee reports to be read before the Society this morning.

Reads President's address.

The President: Next in order is the report of the Necrologist, Dr. Spalding.

REPORT OF THE NECROLOGIST 1919-1920.

Our list of deceased members this year is shorter than the average for many years, and yet in that abbreviated list we note a few who were valuable members of our Association, always working for its advance and showing by papers presented and personal attendance that the idea of an Association was something more than a mere word. To those men the meeting together with others was stimulating for progress of all concerned.

As has been my custom for some years past, all of our deceased members have, with but one exception, I think, been recorded and remembered in the JOURNAL of the Association, and the last one to pass along will receive our farewell notice in due season of issue. As has been another custom of your Necrologist, also from the beginning of service, I now read to you alphabetically the names and places of medical labors of our former associates in medicine.

Felix Barrett, Westbrook, founder of a hospital in his place of practice. It remains a monument to his memory.

Thomas Francis Conneen, Portland, trustworthy orthopædist.

John Augustus Donavan, Lewiston, former President of our Association, Selden Frederic Greene, Solon, fine example of a skillful country surgeon.

Pearl Tenney Haskell, Bangor, highly skilled in the care of the mentally

unbalanced.

Albert Gray Howard, Farmington, clever diagnostician.

Hiram Hunt, Jr., Greenfield, unique in the medical history of Maine.

Benjamin Franklin Makepeace, Farmington, a rugged worker in medicine in spite of physical ills.

Charles Wesley Pillsbury, Saco, deeply religious physician.

John Jasper Sewall, Newport, a driver in practice.

To these I add the name of Justin Sofer Walling, Milbridge, active in Washington County work; able son of a capable father.

Edward Cowles, U. S. A., retired, efficient officer for the nation in his active life.

And last of all a retired member, Elizabeth Horr, widow of Dr. Orrin Horr, of Lewiston, associated with him in medical practice and an early woman physician in Maine.

Let us now think of the good that all of these members did, and forgive the bad behavior of one of them toward his fellow members. All of us make mistakes, and bad as it is styled to attack the weakness of the dead, it is more highly inexcusable an offense to attack the reputation of the living, because it affects them for the entire remainder of their lives by diminishing their public usefulness and personal ability.

THE PRESIDENT: Dr. Spalding, I believe, is going to read, in place of the paper that was scheduled on medical defense, a paper relative to the foundations of medicine.

Dr. Spalding reads.

Dr. A. S. Thayer called attention to the reorganization meeting of the Bowdoin Medical Alumni Association, to be held at the Augusta House, banquet at 12.30, to be followed by meeting.

THE PRESIDENT: Last evening the House of Delegates appointed a committee to take into consideration the report of the committee on legislative matters. Is that committee ready to report?

Dr. Robinson: Mr. President, in regard to health insurance, your committee recommends the following resolution:

"Resolved, that we oppose any move to establish compulsory health insurance in this State."

On motion by Dr. Gilbert, duly seconded, it was voted to accept the report of the committee, and instruct the Legislative Committee to carry out the sentiments expressed in the resolution.

DR. ROBINSON: Resolved, that in regard to the Chiropractors, this Association take the same position that it did in the case of the osteopaths, which was that either they should go before the Medical Registration Board and take the regular examination, or have a Board of

their own so organized that they should be restricted entirely to chiropractic manipulation.

THE PRESIDENT: What is your pleasure in regard to this portion of the report? This is open for discussion. This is a matter like that of the osteopaths and it bobbed up as prophesied. Before the next legislature there may be another one.

Dr. Robinson: Mr. President, it seemed to me that what was done to the osteopaths should apply to the chiropractors, and that either they should come before the Registration Board and be examined or have a separate Board of their own; that they should be restricted to chiropractic manipulation.

Dr. Hardy spoke in favor of a lay board to be made up of a member of the faculty of each of our Maine Colleges with the Commissioner of Health as chairman.

Dr. Robinson advised careful study of this plan before adoption.

The President spoke in favor of the lay board.

Dr. Kershner spoke in favor of leaving the matter of medical registration to the Department of Health.

Dr. Hardy thought it would be difficult to exact this form of legislation.

Dr. Bryant spoke at length of the conditions in Maine and favored the lay board to be composed of a member of the faculty of each of the four colleges and a fifth such as the State Superintendent of Schools.

Dr. Whittier doubted the efficiency of a lay board to pass on qualifications of physicians; should improve present plan and change gradually.

Dr. Gilbert favored careful study of the two plans submitted with the view of adopting some permanent policy.

Dr. A. W. Plummer favored board to examine all applicants for the treatment of disease in the fundamental and eliminate all examination in treatment and all passing the requirements be allowed to practice any party he sees fit.

Dr. Peters favored letting matters take their own course.

DR. PLUMMER: Mr. President, if the discussion is concluded, I move that this resolution be laid on the table. I make this motion merely that some substitute resolution may be given an opportunity for presentation.

THE PRESIDENT: Will the chairman of that committee read this resolution again? It has been moved that it be laid on the table.

Dr. Robinson: The resolution was as follows: That in regard to chiropractors, this Association take the same position as it did in the case of the osteopaths.

THE PRESIDENT: You have heard the resolution. It has been discussed, and it is now moved that it be laid on the table. Is that motion seconded?

Dr. Dickinson: I move, Mr. President, that we accept the resolution presented by the chairman of the committee, Dr. Robinson.

Dr. Peters: I wish to second the motion.

The motion prevailed, and it was voted to accept the resolution as proposed by the committee, and that it be carried out according to their suggestions.

Dr. Robinson: The other resolution was as follows: That we favor the appointment of a chief medical examiner for the State, who shall be a trained pathologist, who shall be notified by the county medical examiners of any autopsies to be held, and shall have the right to be present at such autopsies, and give such advice and assistance as may be desired by the medical examiners.

On motion, duly seconded, it was voted that the resolution be accepted.

Dr. Robinson: Mr. President, that is all the resolutions that we have now. The one in regard to the industrial question was deferred until after the paper shall be read; so we have nothing now on that.

The President: This concludes the business that was slated to be taken up this forenoon. The House of Delegates will meet immediately in this room after the close of this meeting. The meeting this afternoon will be at the Augusta State Hospital at 2.00 P. M., daylight-saving time.

Adjourned until 2.00 P. M.

THIRD MEETING OF THE HOUSE OF DELEGATES,

Wednesday Forenoon, June 30, 1920.

The meeting was called to order by the President.

Secretary Bryant: Gentlemen of the House of Delegates: The first thing for consideration is the report of your Budget Committee.

For the Committee on Venereal Diseases, \$25,00.

For the President's traveling expenses, \$100.00.

For the Secretary and Treasurer, \$100.00.

For the Legislative Committee, \$300.00 this year. They had \$300.00 appropriated last year, and they used \$66.00; and we will appropriate the same sum for them this year.

Delegate to the American Medical Association, \$75.00.

Dr. Spalding, for postage, \$10.00.

For traveling expenses of Councilors incurred in visiting their component societies, \$250.00.

For the Maine Medical Journal, \$500.00.

For the Medical Defense Fund, \$2,000.00.

On motion, voted that the report be accepted and adopted.

Secretary Bryant: Here are two communications which I received from Frederick R. Green, Secretary of the Council on Health and Public Instruction, recommending the appointment of a committee to be composed of one Public Health officer, one pediatrician, one ophthalmologist and two general practitioners to co-operate with the State Teachers' Association to secure better health conditions in our public schools.

On motion by Dr. Hardy, duly seconded, it was voted that the suggestion be adopted and a committee appointed in accordance with the communications read.

Secretary Bryant read a communication from President Sills of Bowdoin College, stating the present standing of the Medical Department and its future needs. He recommended the appointment of a committee to co-operate with the colleges in their effort to continue the medical department and to report at the next annual session.

THE PRESIDENT: You have heard the letter as read. What action will you take upon it? The matter is open for discussion.

Dr. Whittier spoke in favor of the school and recommended the support of the Association.

Dr. Call made a motion that a committee be appointed and instructed to co-operate with the Medical Department in every way.

The motion, being duly seconded, was carried.

Dr. Hardy raised the question of prescribing liquors by the medical men.

On motion, duly seconded, this matter was left to the Legislative Committee.

THE PRESIDENT: Will the Nominating Committee retire and consider the appointments of these committees?

Dr. Kershner moved that we endorse the action of the American Medical Association in regard to the Harrison Narcotic Act. So voted.

THE PRESIDENT: I think we will let the Secretary talk on the question of the President-elect.

Secretary Bryant spoke in favor of a President-elect who would serve as presiding officer of the House of Delegates one year and the General Session the next.

After due discussion, the question being called for, it was unanimously voted that a President-elect shall be nominated at the next meeting.

The President: We will now hear the report of the Nominating Committee.

DR. Bennett: Mr. President, your committee has attended to the duties assigned to it, and begs to submit the following report:

For First Vice President, Dr. G. R. Campbell, of Augusta. For Second Vice President, Dr. James McFadven, Milo.

COUNCILORS.

Third District, Dr. W. E. Kershner, Bath. Fourth District, Dr. F. H. Badger, Winthrop.

SCIENTIFIC WORK.

Drs. S. J. Beach, Augusta; R. L. Wakefield, Bar Harbor; F. N. Whittier, Brunswick.

Public Policy and Legislation.

Dr. G. H. Coombs, Waldoboro; Dr. Garcelon, Lewiston; Dr. A. P. Leighton, Portland.

MEDICAL SCHOOL.

Drs. B. L. Bryant, Bangor; H. B. Mason, Calais; L. G. Bunker, Waterville.

DELEGATE TO NATIONAL COUNCIL, MEDICAL EDUCATION.

Dr. A. S. Thayer, Portland.

Delegate to National Legislative Council.

Dr. G. H. Coombs, Waldoboro.

DELEGATES TO STATE SOCIETIES.

To New Hampshire, Dr. J. A. Spalding, Portland.

To Massachusetts, Dr. W. C. Peters, Bangor.

To Rhode Island, Dr. G. R. Campbell, Augusta.

To Connecticut, Dr. E. H. Risley, Waterville.

VISITORS TO STATE SANITORIUM.

Drs. F. J. Welch, Portland; Carl O'Brien, Bangor.

COMMITTEE ON HEALTH IN SCHOOLS.

Drs. L. D. Bristol, Augusta; J. A. Spalding, Portland; Thomas Foster, Portland; A. L. Smith, Machias; E. A. Porter, Pittsfield.

VENEREAL DISEASES.

Drs. F. N. Whittier, Brunswick; A. L. Stanwood, Rumford; R. A. Holland, Calais.

CANCER.

Drs. H. E. Thompson, Augusta; E. S. Cummings, Portland; Mortimer Warren, Portland.

NECROLOGY.

Dr. J. A. Spalding, Portland.

PUBLIC HEALTH AMONG WOMEN.

Dr. Doris Kraus, Augusta.

HOSPITALS.

Dr. W. N. Miner, Calais, one year; Dr. D. A. Robinson, Bangor, two years; Dr. H. L. Bartlett, Norway, three years.

DELEGATE TO AMERICAN MEDICAL ASSOCIATION.

Dr. B. L. Bryant, Bangor; Dr. F. Y. Gilbert, Portland, alternate.

On motion, duly seconded, it was voted that the report of the Nominating Committee be accepted and reported to the general assembly.

On motion by Dr. Gilbert, duly seconded, it was voted that the Secretary cast the ballot for the officers recommended by the Nominating Committee.

Thereupon the Secretary attended to the duty assigned him.

The President: Gentlemen, I have something in mind that I think will be of interest and a benefit to the Association, and I would like your opinion about it.

In order, as I have stated in my address, to bring about better coordination in the affairs of the Society, it has seemed to me that there should be some provision for a meeting of the county secretaries twice a year at some central point, with the President and Secretary of the Association, and I would like to recommend for your consideration that question, that all of the county secretaries be assembled sometime in the early fall at some central point, when the matters that have come up at the previous general meeting, as well as those things that will come up during the year, may be discussed, and the secretaries can go home to their county societies ready primed to explain to their societies what is going on in the Association as a whole. Then a second meeting to be called in the spring, before the general meeting of the Association, where those secretaries may get together and report the proceedings of their county societies and the sense of their meetings, so to speak, and they can return from that meeting with such ideas as will enable the societies to instruct their delegates that come to the general meeting, so that those delegates may come in here with a definite idea of what has been going on during the year. That is all I have to say about it.

The Secretary makes the suggestion that the reports of the general committees be written out and submitted to him by the first of May, so that they may be published in the Maine Medical Journal before the general assembly, so that all of the members going to the general assembly will have a pretty good idea of what these standing committees have been doing during the year.

These two things I would like to have you consider.

On motion by Dr. Gilbert, duly seconded, it was voted that the Secretary be empowered to call a meeting of the secretaries of the county societies twice a year at some point which in his opinion is the best, and at such dates as he sees fit.

Dr. Gilbert: Mr. President, in connection with that is the question of expenses to be incurred by these secretaries, whether they should be borne by the State Society or by the county societies. I will make the motion, to bring it to a head, that the Secretary be empowered to pay all hotel expenses incurred by the secretaries of the county societies at these two meetings. That would leave the traveling expenses to be borne by the county societies. Motion seconded.

THE SECRETARY: We have no power to compel the county societies to do anything.

DR. HARDY: Mr. President, it seems to me that it would be wiser for the State Association to pay the expenses of these meetings, including the traveling expenses. We cannot compel the county societies to do that, and possibly there are some of our county societies that cannot afford to do it, those having only a small membership. The dues in our Society I think are seven dollars a year now, four dollars of which goes to the State Association. I have a notion that it would be wiser for the State Association to finance the whole business.

DR. MOULTON: Has the Secretary any idea what those meetings would cost?

DR. WARREN: How much is the annual budget of the State Association?

THE SECRETARY: Somewhere between fifteen and sixteen hundred dollars at the present time.

DR. WARREN: Have we the money to do it?

THE SECRETARY: We can do it for one year and then find out.

DR. PRATT: Mr. President, I happen to be secretary of one of the smaller societies, Franklin, and I think either way would be satisfactory to them.

THE SECRETARY: It might be put in this way: If the county societies would not pay the expenses of the secretary, it shall be defrayed from the funds of the Maine Medical Society.

DR. FLINT: Mr. President, I am a member of a small county society. The question never has been brought up, but I know the attitude of the men there, and I know there would be no question about paying the traveling expenses of the delegates to this meeting several times a year, if necessary. Moreover, it is our custom to elect a man to the

secretaryship who is able to pay his own expenses if the society will not, and I suppose that is equally true of other societies. It certainly would be deplorable if we filled our county society offices with persons who could not afford to pay their expenses. It does not seem to me that this is a question that merits any further discussion.

The President: It is a matter not only of courtesy, but something that lies a little bit as an obligation upon the county society, to pay the expenses of their secretary because he has taken his time for the benefit of the society. I know the Washington County Society would have no objection to paying these expenses.

Dr. Kershner: Mr. President, I will state that I happen to be a member of the smallest county society in the State. We have no regular dues other than the money that is forwarded to the Maine Medical and the membership dues; but I do not think there would be any question, although, as I say, our society is the smallest.

Dr. Bennett: Mr. President, we had our meeting in Aroostook a week ago yesterday, the annual meeting, as we call it. We will not have another meeting probably until just before the next State meeting, and these two meetings of the secretaries will come before that: so we have no way unless, of course, we might have this at the winter meeting. But it is a mighty long trip from Aroostook to Bangor and it costs a lot. While we have a large society, around fifty members, our dues are six dollars a year. We have a little money laid up, but I have been suggesting to our society for several years that they appoint the secretary a delegate to the Association each year and pay his dues. They have not done it. A part of the members are favorable to that idea. I think it would be a good thing to have the secretary of each society a delegate; then he would be a member of the House of Delegates and he would know something about the business, and when they met at these other meetings they would have some knowledge of what was going on. But if our society does not see fit to send the secretary down to the meetings, why, as I happen to be the secretary, I suppose that, as all doctors in Aroostook County are considered rich, I might pay my bills, because I would like to attend these meetings.

Dr. Gilbert: My motion merely is that the Secretary be empowered to pay the hotel bills.

Thereupon, the motion by Dr. Gilbert having been duly seconded, it was voted that the Secretary of the State Association pay the hotel bills of the county secretaries at these meetings.

THE PRESIDENT: Is there any new business?

Dr. Kershner: Regarding the medical licensure which we talked of previously. I find from Dr. Bristol that there is more than one State that is working under the Board of Health plan, and the Illinois plan is working out very well as a lay proposition. I move you that the licensure of those practicing the healing art in this State be investigated from all angles by a special committee, outside of the Legislative Committee, that committee to report at the next meeting.

Dr. Warren: Report to whom?

Dr. Kershner: To the House of Delegates.

THE PRESIDENT: Does not the Legislative Committee handle that?

Dr. Kershner: My reason for my motion was that they should investigate, and report to our Legislative Committee, which is a standing committee, what the Investigating Committee finds out about the actual workings of the different plans. Evidently we have got to make some change. We are continually in a squabble as it is now.

Dr. Warren: I do not just understand your idea, Dr. Kershner. Please explain it again.

Dr. Kershner: For Dr. Warren's benefit I will state that, as he very well knows, about every year a new cult wants to be registered. We send our Legislative Committee up and the laymen on the committee of the legislature throw right back at us that we are a labor union demanding certain things and looking out for our own job. In the State of Illinois—Dr. Bryant is more familiar with it than I am they have a lay board which passes upon those who wish to practice the healing art, and whose say so is final, the same as our examining board at the present time for physicians. The other proposition which has been suggested was to put the licensing of physicians, or all those who practice the healing art, under the State Board of Health. Both plans are in vogue in several States, at least each in one State; and Dr. Bristol tells me that the licensing of physicians under the State Board of Health is in more than one. He is going to get the data so that it will be available for use; and in order to bring us out of our present unsatisfactory condition before the legislature, it seems reasonable, and Dr. Bristol thinks it possible, to throw it out of our own Society and make it a governmental proposition, whereas at the present time we come before a Board to be licensed to practice medicine, it is not

a government affair; it is an appointment affair. Now the question was brought up on the floor that some future Governor might appoint a Christian Scientist head of the Board; but the very act on the statute book provides that the head of the Board of Health shall be a graduate licensed to practice medicine in the State in which he is elected.

DR. GILBERT: Mr. President, if Dr. Kershner would amend his motion to instruct the present Legislative Committee to take these two plans and study them, with the idea of submitting a solution at the next session, I would be very glad to second it.

DR. WARREN: Your idea is to wipe out the present Board of Registration and put it into the Board of Health?

DR. KERSHNER: Yes, sir; either put it into the Board of Health or a lay board, one or the other. My idea now is to appoint an investigating committee, whose duty shall be to investigate thoroughly the methods in every State in the Union and report back some plan. That is why I believe that a special committee should do it, because the Legislative Committee has a great deal to do in its own sphere. The special committee can report to this House of Delegates, and then the House of Delegates can instruct the Legislative Committee to go before the legislature and ask for this power.

The President: Is Dr. Kershner willing to modify his motion according to Dr. Gilbert's suggestion?

Dr. Kershner: I am.

Thereupon the motion by Dr. Kershner, as amended by Dr. Gilbert, that the Legislative Committee be instructed to take up this matter of licensure, and investigate these methods, and report to the House of Delegates, was unanimously passed.

THE PRESIDENT: If there is no further new business, there will be an open meeting with the general assembly at the close of this morning's session.

DR. SMITH: Mr. President, at the last meeting of the Penobscot County Medical Association it was voted that the State Society be invited to come to Bangor next year. In behalf of the Penobscot Association, I extend the invitation.

THE PRESIDENT: The House has heard the invitation as extended.

On motion by Dr. Hardy, duly seconded, it was voted that the invitation be accepted, and that the place of meeting of the Maine Medical Association next year be at Bangor.

Adjourned.

SECOND GENERAL SESSION.

Tuesday Afternoon, June 29, 1920,

AT STATE HOSPITAL, AUGUSTA.

Dr. Tyson briefly outlined a simple classification of mental disorders, which was followed by a very interesting clinic.

In the absence of Dr. Rosenau his paper on Food Poisons, with special reference to Botulin, was read by Dr. Harry Weiss, of New York.

Adjourned.

THIRD GENERAL SESSION.

Wednesday Morning, June 30, 1920.

The meeting was called to order by the President.

THE PRESIDENT: The first paper is by Dr. Swift, of Portland, "The Results of Medical Examination of Prisoners in the Maine State Prison at Thomaston, Maine."

Dr. Swift reads.

THE PRESIDENT: We have with us Dr. Banks, delegate from Massachusetts, and I will call upon him.

DR. BANKS: Mr. President and Gentlemen of the Maine Medical Association: It gives me great pleasure to meet with you on this occasion for three reasons. As a representative of the Massachusetts Medical Society, I certainly feel it an honor to be delegated to express to you the cordial fraternal regards of 4,000 members of our Association; and I wish at this time to say that next year the American Medical Association is to meet in Boston at the time when you usually hold the meetings of your State Society. I trust that you will keep that in mind in arranging your program for next year, as we certainly wish to have a large delegation from Maine present at that time. It is unnecessary to say anything about the attractiveness of the program of the American Medical Association meeting for that week. It is something that none can afford to lose.

Secondly, it always gives me a great deal of pleasure to come back to Maine, as I was born and lived more than half of my life in York County; so that coming back on this centennial year is a special pleasure.

Thirdly, I am a graduate of the Bowdoin Medical School, and I am very glad to be here at this time and to feel a little of the influence that is being exerted in behalf of that institution. I noticed in the paper vesterday that it was said that Bowdoin was talking of suspending the Maine Medical School. Now I think that that would be a calamity. I know there has been a great deal said in the past few years about there being too many doctors, too much medical education. Now we have just two things that have proved that absolutely false. One was the epidemic of influenza, which drew on the resources of the whole medical profession, and there were not half enough to give the service to the community that was required. Another thing has been the world war; and, while we hope it is the last war, we do not expect by any means that it will be; and you know that according to the army standards there were not half young men enough, men in the active age of military service, to take up the duties of the field, and they had to call in men for the extreme service forty-five, fifty, fifty-five and even sixty years of age. I tell you it is not right to be cutting down on medical education; it is not right to limit the opportunity for ambition in young men with the character, the ability, the integrity, and all those things that go to make up the physician; and I hope to a man, whether you are graduates of Bowdoin College, or whether you are graduates of any of the other schools of the country, that you will stand by the Medical School of Maine and hold it in the place that it has occupied for one hundred years. (Applause.)

And so, gentlemen, as I have to leave you this morning, I say again that I am very glad to meet you as friends and as fellow-workers in the medical profession, and I wish you all success, in my own behalf and in behalf of the Massachusetts Medical Society, which I represent; and we hope that we will see a large delegation of you at Boston next year during the week of the American Medical meetings. I thank you. (Applause.)

THE PRESIDENT: I am sure it gives us great pleasure to have seen and heard our friend and representative from the Massachusetts Medical Society, and I think I voice the sentiment of the Association in saying that we hope we may see him again.

There will be immediately, in Dr. Coombs' office across the street, a meeting of the House of Delegates. The delegates will adjourn immediately to the office across the street. In the absence of the Vice-

President, I am going to ask Dr. Coombs to take the chair and proceed with this meeting.

Dr. Nichols reads.

THE PRESIDENT: The paper has been a very interesting one and very instructive. It is not often we have the opportunity of seeing, as well as hearing, what goes on in a diseased lung.

Following the next paper there will take place the regular open meeting of the House of Delegates with the general assembly. I am changing the order of the program a little bit because we are somewhat pressed for time; and Dr. Harold L. Smith has kindly given us the privilege of listening to a paper on oral infections.

Dr. Smith reads.

On motion by Dr. Coombs, duly seconded, a vote of thanks was extended to Dr. Smith for his interesting and instructive paper.

THE PRESIDENT: Dr. Smith, the thanks of the Association are extended to you. From the standpoint of the physician, I feel that a paper of this kind is of a great deal of service. A lot of these things we are running up against, and it is of great value to us to have the plates and films of these teeth presented and explained in this way, so that we may know what they look like and what they mean.

If Dr. Sylvester pleases, we will transfer his paper to the afternoon session, because it is necessary that we have our open meeting now so as to conclude the general business of the House and have the report ready for this afternoon. I will also state that Dr. White, who is to deliver the annual oration, is obliged to leave for home quite early, and so instead of his address being placed at the end of the meeting, it will be the second number this afternoon.

The Secretary will read you the report of the deliberations of the House, and it will be open for general discussion.

THE SECRETARY: I will make it as brief as possible; and, if you want it amplified, I will be glad to amplify it.

All counties have reported, and the number of members is 655, a falling off of 45.

The report of the Treasurer:
Cash on hand June 1, 1920
Dues collected this year
Making a total of
———
Balance on hand\$5,139.87
The report of the budget committee of estimated expenses for the next year: Committee on Venereal Diseases\$ 25.00
President's expenses
Legislative Committee 300.00
Secretary and Treasurer 100.00
This year, with the adoption of the medical defense, practically the most of the work is thrown upon the Secretary, and so they have authorized him to employ a stenographer up to the amount of \$300.00 if necessary
Delegate to the American Medical Association
J. A. Spalding, for postage
Expenses of Councilors, who are supposed to make a visit to each one of
their component societies
For the Maine Medical Journal
To be turned over into the defense fund as a starter2,000.00 After this, probably one dollar a year from the Association members will be enough to carry along the medical defense fund.

In regard to this matter of medical defense, I have distributed to you the act which has been adopted by the House of Delegates, and which has been the work of Dr. Spalding and his committee for the past three years. This act was adopted without any change, with the idea of carrying it out for one year and then bringing it up to the Association next year for revision, if necessary.

It was voted by the House of Delegates to endorse the resolution of the American Medical Association in regard to the narcotic act.

Voted to ask the Legislative Committee to investigate and report to the next House the workings of the Medical Licensing Board as now in force in different States, whether the Boards will be made up of lay members or under the State Board of Health. That is simply asking them to report back to the next meeting.

Voted to elect next year a President-elect and President for that year.

It was also voted to instruct the Legislative Committee to investigate and report upon the right of physicians to prescribe alcoholic liquors for therapeutic purposes.

Voted to instruct the Secretary of the Association to call two meetings each year of the county secretaries at some central point in the State, and to pay their hotel expenses.

Voted, at the request of the American Medical Association, to add a committee, to be known as the Committee on Health in Schools, to meet with a committee of the State Teachers' Association regarding health matters in schools.

Voted, at the request of the President and Trustees of Bowdoin College, to appoint a committee of investigation and co-operation in regard to the Bowdoin Medical School.

REPORT OF THE NOMINATING COMMITTEE.

First Vice President, Dr. G. R. Campbell, Augusta.

Second Vice President, Dr. James McFadyen, Milo.

Councilors: Third District, Dr. W. E. Kershner, Bath; Fourth District, Dr. F. H. Badger, Winthrop.

The new committee, Committee on Health in Schools: Drs. L. D. Bristol, Augusta; J. A. Spalding, Portland; Thomas Foster, Portland; A. L. Smith, Machias; E. A. Porter, Pittsfield.

Scientific Work: Drs. S. J. Beach, Augusta; R. L. Wakefield, Bar Harbor; F. N. Whittier, Brunswick.

Public Policy and Legislation: Drs. G. H. Coombs, Waldoboro; Dr. Garcelon, Lewiston; A. P. Leighton, Portland.

Medical School: Drs. B. L. Bryant, Bangor: H. B. Mason, Calais: L. G. Bunker, Waterville.

Delegate to National Council, Medical Education: Dr. A. S. Thayer, Portland.

Delegate to National Legislative Council: Dr. G. H. Coombs, Waldoboro.

Delegates to State Societies: To New Hampshire, Dr. J. A. Spalding, Portland; to Massachusetts, Dr. W. C. Peters, Bangor; to Rhode Island, Dr. G. R. Campbell, Augusta; to Connecticut, Dr. E. H. Risley, Waterville.

Visitors to State Sanitorium: Drs. F. J. Welch, Portland: Carl O'Brien, Bangor.

Committee on Venereal Diseases: Drs. F. N. Whittier, Brunswick; A. L. Stanwood, Rumford; R. A. Holland, Calais.

Cancer: Drs. H. E. Thompson, Augusta; E. S. Cummings, Portland; Mortimer Warren, Portland.

Necrology: Dr. J. A. Spalding, Portland.

Public Health Among Women: Dr. Doris Kraus, Augusta.

Hospitals: Drs. W. N. Miner, Calais, one year; Dr. D. A. Robinson, Bangor, two years; Dr. H. L. Bartlett, Norway, three years.

Delegate to American Medical Association: Dr. B. L. Bryant, Bangor; Dr. F. Y. Gilbert, Portland, alternate.

Committee appointed by President to formulate a fee list under the Compensation Act: H. W. Garcelon, Lewiston; E. B. Sawyer, Bangor; W. M. Spear, Rockland; W. Bean Moulton, Portland; E. E. Holt, Jr., Portland.

Unless there is a desire to have this request from the President and Trustees of Bowdoin College read, I will not read it.

On motion by Dr. Thayer, duly seconded, it was voted that the letter be printed in the Journal of the Maine Medical Society.

On motion, duly seconded, it was voted that the report of Secretary Bryant of the doings of the House of Delegates be accepted and adopted.

THE PRESIDENT: The election of a President is scheduled for the last act of the meeting. Perhaps, however, there is as full an attendance now as there will be at all. Shall we carry out the program as it exists, or would you care to elect your President at this meeting?

Dr. Warren: Take it now.

On motion by Dr. Warren, duly seconded, it was voted to proceed to the election of a President.

THE PRESIDENT: Nominations are in order.

DR. ROBINSON: Mr. President, do I understand that you have changed the program, and that the election of President, put down for this afternoon, is to occur now?

THE PRESIDENT: It was put to a vote, and the House voted to elect a President now instead of at the end of the meeting, when there will probably be fewer present.

Dr. Robinson: Then, Mr. President, I would present the name of Dr. Hardy, of Waterville, as our candidate for President for the ensuing year. You all know Dr. Hardy and he needs no eulogy. You know his interest in the Association; you know his good, frank, honest character and his energy in any work to which he gives his heart. He is very much interested in this Association, and, if elected President, I believe he would do us all honor.

No other names being placed in nomination, and the nomination of Dr. Hardy being duly seconded, it was unanimously voted that he be the President for the ensuing year.

On motion by Dr. Robinson, it was voted that the Secretary cast the ballot of the Society for Dr. Hardy as President.

Thereupon the Secretary performed the duty assigned him, and Dr. Hardy was declared duly elected President for the ensuing year. (Applause.)

Dr. Hardy: Mr. President and Gentlemen: It is needless to say that I greatly appreciate this honor, and I assure you that I will do everything in my power to co-operate with the other officers elected to make this next year a successful year for the Maine Medical Association. (Applause.)

THE PRESIDENT: Before the meeting adjourns I will say that the Association will meet next year in Bangor.

Adjourned until 2 P. M.

FOURTH GENERAL SESSION.

Wednesday Afternoon, June 30, 1920.

The meeting was called to order by the President.

Paper by Arthur L. Robinson, Esq., Associate Legal Member of the Industrial Accident Commission, on the relation of the Workmen's Compensation Act to Physicians.

Mr. Robinson reads.

The President: We have with us today a gentleman whom you all know, who has come down here to give us some points on something that we ought to know. The title of his paper is "The Modern Examination of the Stomach," and I present to you Dr. Franklin W. White, Visiting Physician of the Boston City Hospital. (Applause.)

Dr. White reads.

"Horlick's"

THE ORIGINAL

The Perferred

X-RAY

Meal with
Barium Sulphate

Write for
Literature

Is always clean, safe and reliable and protects your infant patients against the uncertainty and risks attending the summer milk supply, which bears such close relation to infant mortality at all times.

Avoid Imitations

Samples prepaid upon request

Horlick's Malted Milk Co.
Racine, Wis.

ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.

The President: This paper needs no commendation or eulogy. I shall ask the Association to give a rising vote of thanks to Dr. White for his exceedingly instructive and interesting oration.

The Association thereupon extended to Dr. White a rising vote of thanks.

THE PRESIDENT: The next on the program is a paper by Dr. . Sylvester, "Defects in the Draft of Maine."

Dr. Sylvester reads.

The President: I shall now call for a committee report, and then you will listen to something which seems to create considerable anxiety among the physicians, and that is how we can obtain alcoholic stimulants. I will first call for the remainder of the report of the Legislative Committee.

DR. ROBINSON: The committee would recommend that a committee be appointed by the President, a committee of five was suggested, to take into consideration this subject of fee table, act upon it, and present to the next meeting of this Association such a fee table as they have then compiled. That in a nutshell was what the committee decided on.

THE PRESIDENT: May I ask Dr. Robinson if that is a committee who will act independently for the Association?

Dr. Robinson: Yes, they should act independently and prepare a fee table which they will report to the next meeting of this Association for adoption.

THE PRESIDENT: Is it the intention to have that committee appointed today?

Dr. Robinson: Appointed by the President at his leisure and convenience.

On motion, duly seconded, it was voted that the report as presented be adopted.

THE PRESIDENT: That is a matter which will be taken up and the committee appointed later. We will now have the opportunity of learning in what way we can obtain alcoholic stimulants. I present to you Mr. James Perkins, Federal Enforcement officer. (Applause.)

By Surgical Dressings

Better Than You Require

The B&B object is not merely to meet your requirements. We have created new requirements, new standards.

Each B&B Product will in some way give you new ideas of what that product should be.

These B & B Products are 25-year evolutions. And countless authorities have helped us develop them.

A few of our methods will indicate to you the B&B idea.

All the B&B Sterile Dressings are sterilized after sealing. They are sterilized in the wrapper, by live steam following a vacuum. Then day by day we prove the efficiency by subjecting center fibers to incubator tests.

B&B Formaldehyde Fumigators are twice the usual strength, conforming to Government standards.

B & B Handy-Fold Plain Gauze comes in separate pads in sealed parchmine envelopes, sterilized after sealing.

B&B Plaster Paris Bandages come in double-walled containers, with extra plaster between the walls. They come wrapped in water permeable paper which need not be removed in wetting.

You will find like perfections in all B&B Products. When you try one of them you'll delight to use them all.



B&B Zinc-Oxide Adhesive

A Prime Example

A typical B&B product is the B&B Adhesive. An ideal Adhesive is a rare and difficult attainment.

Three masters of Adhesive are in charge of the B&B. Each has spent over twenty years in the study of this product. They have to aid them costly apparatus.

Here is one product, much used by you, in which B&B supremacy stands out conspicuously. It will indicate to you what the B&B methods mean.

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surgical Dressings and Allied Products

Mr. Perkins reads.

THE PRESIDENT: I am sure we thank Mr. Perkins for his very able exposition of this matter. We ought to understand it by this time. Is there any further business to come before this Association? If not, a motion to adjourn is in order.

Adjourned.

LEGIBILITY, ECONOMY, ELASTICITY.

These are features of the Underwood Bookkeeping Machine which is being used more and more every day by the business world. Ask the local office for a demonstration.

UNDERWOOD TYPEWRITER CO., Inc.

% EXCHANGE STREET PORTLAND, ME.

The Coolidge X-Ray Unit

(Portable)

is the latest product of the Research Laboratories of the General Electric Co. Perfected under the personal supervision of Dr. W. D. Coolidge, it is at once simple, compact and thoroughly reliable. Each unit is supplied with comprehensive instructions and a simplified technique for making radiographs of all the bony structures of the body, the chest, etc., with either plates or films, with or without intensifying screens. No special wiring required—may be attached to any lamp socket. May be used on either direct or alternating current.

Write for booklet.

Clapp Anderson Co.

Specialists in high quality X-Ray and Electro-Medical Apparatus

120 Boylston St.

Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me.

Maine Representative

The Cost of Calories



6,221 calories 35 cents



500 calories 30 cents



700 calories 35 cents

A large package of Quaker Oats contains 6221 calories. It will make 60 dishes. And it costs 5½ cents per 1,000 calories.

On the calory basis, meats, eggs, fish, etc., cost nine or ten times as much.

One chop costs as much as 12 dishes Quaker Oats. One egg would buy several dishes.

Yet the oat is almost the ideal food. In balance and completeness it's the greatest food that grows.

A Quaker Oats breakfast means better feeding. And it means a saving which will help buy costlier foods for dinner.

Note how other good foods compare in cost, at this writing, on the calory basis:

Cost per 1,000 calories

Quaker Oats - 5½c
Average Meats - 45c
Hen's Eggs - - 60c
Chicken up to - \$1.66

Quaker Oats

Made to make the oat dish doubly delightful. Flaked from queen grains only — just the rich, plump, flavory oats. We get but ten pounds from a bushel, yet it costs no extra price.

The Quaker Oats Company

Chicago

Boralo

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

To is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best results are obtained by dissolving in hot water.

Ask for Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

≋⊙૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱૱€€€€€**₽≥**₽●

Dysmenorrhea

Severe Nervous Symptoms treated with

Corpus

"In this last class, dysmenorrhea should be especially included. In my own practice I have observed, in a truly extraordinary manner, the cure or relief of many such cases through the medium of this type of organotherapy. My best results, however, have been gained in the administration of corpus luteum for the relief of the severe nervous symptoms attendant upon the menopause of both the physiological and artificial varieties and the functional amenorrhea of young women."—DR. ADAM P. LEIGHTON, JR., The American Journal of Obstetrics and Diseases of Women and Oblitics, Newspires 1015 per 272 Children, November, 1915, page 878.

The "Extraordinary" Results

referred to by Dr. Leighton were obtained by the administration of Corpus Luteum of the SOW as

Lutein Tablets—H. W. & D.

2 grain, 100 in a tube; 5 grain, 50 in a tube

Complete reprint of Dr. Leighton's paper sent upon request

HYNSON. WESTCOTT & DUNNING

Pharmaceutical Laboratory

BALTIMORE, MD.

TRY

LANGTON

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

Langton

Manufacturing Optician 419 Boylston St. Boston, Mass.

THE MEAD JOHNSON POLICY

Mead's Dextri-Maltose is advertised only to the Medical Profession. No feeding directions accompany trade packages. Information regarding its use reaches the mother only by written instructions from her doctor on his own private prescription blank.

The Infant Feeding Materials which we make are intended solely for use as prescribed by the family physician. Requests from parents and other laymen for feeding directions are courteously refused with the explanation that each baby presents an individual feeding problem with which only a physician can successfully cope.

On request we will take pleasure in mailing you a copy of the booklet in which our position is explained to the laity and to send you sufficient



samples to enable you to judge the value of Mead's Dextri-Maltose and Mead's Dry Malt Soup Stock in your own infant feeding cases.

MEAD'S DEXTRI-MALTOSE IS OFFERED IN THREE FORMS

No. 1. With 2% Sodium Chloride. No. 2. Unsalted. No. 3. Same as No. 2, plus Potassium Carbonate 2%.

MEAD JOHNSON & CO., Dept. B, EVANSVILLE, IND.

Oculists Prescription Work

THE SMITH-SOMES CO.

OPTICIANS

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess





PITUITARY LIQUID

THE product is of standard strength. The package is dated. The doctor knows. He doesn't trust to luck.

It is Posterior Pituitary Active Principle in isotonic salt solution and is without preservatives.

 $\frac{1}{2}$ c. c. ampoules (small dose) are labeled, "Obstetrical and Surgical."

1 c. c. ampoules (full dose) are labeled, "Surgical and Obstetrical."

Either in an Emergency.

Literature on request.



THE JOURNAL

OF



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 3.

OCTOBER, 1920.

\$2.00 per year

Gastron

A new gastric-gland extract (alcohol free)

Affords a means of fortifying and promoting gastric function under clinical conditions. It is qualified for this service by the fact that it is a complete gastric-gland extract, actually representative of the gastric gland tissue juice in all its properties and activities—activating, digestive, antiseptic.

Gastron has found wide acceptance under the "considerate thought" of the physician, to whom it is submitted—success follows its use.

Fairchild Bros. & Foster New York

OFFICERS.

President—T. E. Hardy, Waterville, 1st Vice-Pres.—G. R. Campbell, Augusta, Sec. and Treas.—B. L. Bryant, Bangor.

2nd Vice-Pres.—James McFadyen, Milo.

BOARD OF COUNCILORS.

First District,	J. F. Thompson, Portland,	Term e	xpire	s 1921.
Second District,	E. V. Call, Lewiston,		~6.6	
Third District,	W. E. Kershner, Bath,	"	6.6	1923.
Fourth District,	F. H. Badger, Winthrop,		6.6	6.6
Fifth District,	Lewis Hodgkins, Ellsworth,	4.4	4.6	1922.
Sixth District,	C. H. Burgess, Bangor,	"	"	6.6

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	L. F. Hall, Lewiston,	L. O. Roy, Lewiston.
Aroostook,	F. W. Mitchell, Houlton,	F. E. Bennett, Presque Isle.
Cumberland,	F. J. Welch, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Hancock,	F. Fremont Smith, Boston, Mass.	Geo. A. Neal, Southwest Harbor.
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	W. M. Spear, Rockland,	C. D. North, Rockland.
Oxford,	O. S. Pettingill, Heborn	W. T. Rowe, Rumford.
Penobscot,	W. E. Fellows, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxeroft.
		C. N. Stanhope, Dover, Acting.
Sagadahoc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	W. G. Sawyer, Madison,	C. E. Richardson, Skowhegan.
Waldo,	Eugene L. Stevens, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles—		Editorial Comment—
The Volstead Act	77	The New President
Statement made by Dr. Harvey R. Gaylord	86	Failure to Report Communicable Diseases
Congenital Pyloric Stenosis	89	Miscellaneous—
Madical Defense seriest Malacretics		New and Non-Official Remedies
Medical Defense against Malpractice Suits by the Maine Medical Asso-		Correspondence 10
ciation	91	Commercial Notes 10

PORTLAND SCHOOL OF LIP-READING

For the Hard-of-Hearing and Deaf Adult

MULLER-WALLE METHOD

Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS MISS MARGARET J. WORCESTER omas Street, - Portland, Maine 65 Thomas Street,

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440



9-3035 Size 10x5x4 in....\$26.50 9-3036 Size 17x7x5 in.... 32.50

SAFETY AUTOMATIC ELECTRIC STERILIZER

UNCONDITIONALLY GUARANTEED

10 Days' Free Trial Offer. Sold with the understanding that if not entirely satisfactory same should be returned to us within 10 days and money will be promptly refunded.

Order from this ad. Specify current.

FRANK S. BETZ CO., HAMMOND, IND. Chicago Salesrooms 30 E. Randolph St.

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address: 698 CONGRESS STREET For Particulars and Rates write to FRANCIS J. WELCH, M.D.

EAST PARSONSFIELD, MAINE

THE BOWDOIN MEDICAL SCHOOL

Addison S. Thayer, Dean,

10 Deering Street, - Portland, Maine



Dr. Leighton's Hospital

PORTLAND. MAINE

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Portland, Maine

Telephones | 1318

New England Laboratories



175 State Street

Springfield - Massachusetts

The diagnosis of Syphilis can never be definite nor the treatment complete without the Wasserman reaction. To be of definite value the test must be performed by a trained serologist, and more than one antigen employed. We are using three different antigens and are equipped for any modification of the Wasserman reaction.

Containers and Fee Lists upon request.

Director George L. Schadt, M. D.

Telephone River 368-W

The STORM ABDOMINAL SUPPORTER

Adapted to Use of Men, Women and Children and Babies FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREG-NANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.







No Whalebones

No Rubber Elastic

Special Kidney Belt

Washable as Underwear

Inguinal Hernia Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA.

Sutton's

(3rd revised and enlarged edition)

Diseases of the Skin

By RICHARD L. SUTTON, M. D., Professor of Diseases of the Skin, University of Kansas School of Medicine.

1084 pages, $6\frac{1}{2}$ x10 inches, with 910 illustrations and 11 full-page plates in colors. Third revised and enlarged edition. Price, silk cloth, \$8.50.

The Peer of Any Book on Dermatology in Any Language

Archives of Dermatology and Syphilology:

"In this third edition Sutton has succeeded in presenting an eminently complete reference hook on dermatology and syphilology. The completeness of the work is reflected in several ways; practically all recognized dermatoses are discussed—some hriefly, others at length—according to their relative importance and frequency. The author has evidently spared no effort to present a thorough and eminently authoritative book, destined to be of great value not only to the student and practitioner, but also to the research worker and writer."

This hook must he seen to be appreciated. Don't bother ahout writing, just tear off attached coupon, sign and mail—but do it NOW hefore you ay aside this journal.

C. V. Mosby Company

801-809 Metropolitan Building

ST. LOUIS,

U. S. A.

British Journal of Dermatology:

"Dr. Sutton's book is so well known and appreciated that nothing is wanting to recommend this new edition to those familiar with the earlier works. The illustrations are so numerous as to entitle the work to he classified as an atlas of skin diseases; in fact, there are few atlases which contain so complete a pictorial record of the whole field of dermatology. The author and publishers are to he congratulated not only on having secured such a large collection but on the excellence of their reproduction."

C. V. Mosby Co., St. Louis.

(Maine State)

Send me 3rd edition of Sutton's "Diseases of the Skin," for which I enclose \$3.50, or you may charge to my account."

ame																										
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CALGREDSE

BRONCHITIS

is one of the pathologic conditions in which CALCREOSE has yielded very satisfactory results.

The pharmacology of CALCREOSE is the pharmacology of calcium and creosote, hut unlike creosote, CALCREOSE does not cause gastric distress or irritation even when taken in large quantities and for long periods of time. Therefore when creosote action is desired without these untoward effects, CALCREOSE is an excellent form of creosote medication.

CALCREOSE may be administered in comparatively large doses—as high as 160 grains per day having been given—and the dosage is accurate and easily regulated. Patients do not object to creosote in the form of CALCREOSE.

TABLETS

POWDER

SOLUTION

Samples and details will be sent on request

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY



INTERNATIONAL PROPERTIES OF A CHARLEST CONTRACTOR OF A CHARLEST CONTRAC



"Snook" Roentgen Apparatus

The first "interrupterless" type X-ray transformer was the "Snook"—the advent of which revolutionized the Roentgen art.

It is still the closest approach to the 100% mark in X-ray efficiency.

There is one, and one only, "Snook" available today—it is manufactured by the Victor Electric Corporation—distinguished from all others by the famous cross-arm type of rectifying switch (4-arm).

The purchaser of a "Snook" today realizes another exclusive feature in the Victor Single Lever Auto-Transformer Control, an ingenius device which gives the operator complete control, including the finest adjustment, with a **Single Lever**— eliminating complications in technique and danger of tube destruction.

The Model "Snook" is selected by the discriminating roentgenologist who insists on having the "last word" in equipment.

Victor Electric Corporation

Manufacturers of Roentgen and Physical-Therapy Apparatus

CHICAGO

Jackson Blvd. and Robey

CAMBRIDGE, MASS. NEW YORK
66 Broadway 131 E. 23d St.

Territorial Sales Distributors:

Messrs. SAXBY & OYLER

66 BROADWAY
CAMBRIDGE. - MASS.



X-RAY INVESTMENT INSURANCE

Before you invest in stocks or bonds, you use every means at your command to ascertain the soundness of the issue, the finantial responsibility and the personnel of the organization soliciting your confidence

A reliable x-ray equipment represents another kind of investment, but its your money that's involved just the same

The keystone of the Victor Electric Corporation is Responsibility to every purchaser of Victor apparatus Each time the prospective buyer "looks us up" we realize an advantage —so does he.

Thirty years of conscientious effort to lead, rather than follow, is only one of the reasons for the predominance of Victor apparatus amongst the discriminating

Buy Victor - a "safety first on your investment

VICTOR ELECTRIC CORPORATION

CAMBRIDGE, MASS CHICAGO
4 BROADWAY Jackson Blvd and Robey

NEW YORK IN E. 23d ST. THE FOR THE FOREST THE PROPERTY OF THE POST OF THE POS

Adrenalin in Medicine

2-Treatment of the Paroxysm of Asthma

THE fact that Adrenalin promptly relieves the paroxysm of bronchial asthma has been demonstrated in thousands of cases. Explanation of its mode of action, however, must be couched in the language of probability and speculation, because the pathogenesis of the disease is the subject of an everincreasing number of theories and much controversy.

Among the more reasonable and credible of these theories are: 1, Anaphylactic manifestations in the bronchial mucosa from bacterial protein sensitization; 2, The same condition produced by sensitization to food proteins (allergy), pollens of plants and animal emanations; 3, Reflex vagus irritation of the bronchial mucosa from peripheral afferent impulses originating along the course of distribution of this nerve.

It is not unlikely that every case of bronchial asthma can be explained by one of these theories, and that, indeed, in some of the cases more than one of these factors are underlying. Regardless of the theory or theories applicable to any given case, the immediate mechanical cause of the

distressing paroxysm is a sudden spasmodic stenosis of the bronchioles.

The action of Adrena-

lin is to relieve this stenosis. Whether the dilator muscles of the straitened tubules are stimulated or the circular constrictor muscles are temporarily paralyzed by Adrenalin to bring about this change in the calibre of the bronchioles cannot be definitely stated. It is interesting to note in connection with the protein sensitization theory that anaphylactic phenomena elsewhere in the body are often favorably influenced by Adrenalin-especially in respect to the skin manifestation, urticaria.

Adrenalin is the best emergency remedy for the treatment of the asthmatic paroxysm at the command of the physician. Two to ten minims of Adrenalin (1:1000) are given subcutaneously, or preferably intramuscularly. Frequently only five or ten seconds elapse after the injection when partial alleviation of the dyspnœa is noticed. In a few minutes relief is complete. Adrenalin acts quickly or not at all. In those few cases in which no favorable effect becomes apparent after the first injection this medication should not be pushed. practitioners have noted that the injection of Pituitrin in combi-

nation with Adrenalin (equal parts) enhances and prolongs the action of the latter.

PARKE, DAVIS & COMPANY

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

OCTOBER, 1920.

No. 3

*THE VOLSTEAD ACT.

By James B. Perkins, Esq.

Mr. President and Members of the Maine Medical Association:

I esteem it a great privilege to be able to come here and be permitted to talk to the members of your Association, perhaps briefly, upon what is commonly known as the Volstead Act. The Volstead Act, as you know, was passed by Congress to take effect upon the adoption of the Eighteenth Amendment. Now the Volstead Act is commonly known as the National Prohibition Act. It is an act prohibiting intoxicating beverages, and to regulate the manufacture, production, use and sale of high proof spirits for other than beverage purposes, and to insure an ample supply of liquor and promote its use in scientific research and in the development of fuel, dve and other lawful industries. The Volstead Act is divided into three parts. Title 1, known as wartime prohibition, Title 2, relating to the use of alcohol and stimulants for non-beverage purposes, with which we are now principally concerned, and Title 3, industrial alcohol, which only interests us here a little indirectly. I will say, in passing, that Title 3 relates to those who are engaged in hospital work and who have been in the habit of obtaining what is known as tax-free alcohol. They obtain it under Title 3, and they must make application to obtain that

^{*} Stenographic notes of talk before the June session of the Maine Medical Association.

tax-free alcohol from the Collector of Internal Revenue here at Augusta, and not in the office over which I have the honor to preside.

The government, in carrying out its program of enforcement of the law under the Volstead Act under the Eighteenth Amendment, has established a certain procedure. The National Prohibition Act provides for the establishment of a Federal Enforcement Agency to coordinate and supplement, not to supplant—and I am speaking now of the common enforcement or police end of our work—to co-ordinate and supplement, not to supplant, the duly constituted police and judicial officers of the several States and their subject sub-divisions. Local and State authorities, under the Volstead Act, have equal responsibilities with the federal authorities, and are primarily responsible for law and order in their respective communities. It should only be when the power of the local authorities is inadequate to cope with violations of prohibitory laws in any part of the State that the need of active federal intervention will arise. The federal forces are to supplement and to re-enforce the activities of State and local officers, and it will be the policy of my office to assist the State and local officers in the enforcement of the prohibitory law in every way possible.

In carrying out this work of enforcement, the work has been divided into two parts. One, the police work in the field, and the other, which is known as the permissive features of the law. I have the honor to be the Federal Prohibition Director for this State, and as such it is my duty to call the attention of the public to the various phases of the law and to acquaint them with its various provisions, and the performance of that part of my duty is the reason why I am here today. The actual field force for enforcement work is in charge of the Supervising Federal Prohibition Agent, with headquarters in Boston. He has charge of the enforcement work in New England, and he is supposed to come into the State of Maine with his force when called in at the request of the Federal Prohibition Director.

The other part of the work, in which you are particularly interested at this time, is what is known as the permissive features of the law. From the time alcohol or stimulants are manufactured, from the time that they are manufactured until finally disposed of, no one, under the law, at the present time is entitled to have any in his possession except by permission of the federal government, and that under a permit issued by the Federal Prohibitory Director of the several States.

I wish to take up, first—although it is not very important with us at the present time—the prescribing of intoxicating liquors for medicinal purposes, and wish to say briefly that there have been issued in the State of Maine, and that all prior to the turning over of the work to me, twelve prescription books of various physicians in this State. I have declined to issue any more, basing it upon the ground that they are of no use to the physicians of this State, because no druggist is properly qualified to fill the prescription. A druggist, in order to qualify in Maine, must pay the federal government a retail liquor dealer's stamp of twenty-five dollars, and this being what is known as dry territory, under an old law passed by Congress prior to the Eighteenth Amendment, to assist dry States in the enforcement of their laws, there is an additional or special tax of one thousand dollars, so each druggist in this State would have to pay the federal government ten hundred and twenty-five dollars. Then there is another statute which provides that taking out the R. L. D. stamp is prima facie evidence that he is a common seller of intoxicating liquors, and the place where he is conducting business is prima facie a liquor nuisance. Those reasons alone have prevented our druggists from complying with the federal law; and it occurred to me that, if I issued a book to a physician, and he wrote a prescription on the government blank and took it down to some good druggist of the best reputation, or some citizen of excellent reputation came in with a prescription upon a government blank, knowing of the change which had taken place recently in prohibition, he might, with the best of intentions, if he had a little spiritus frumenti up on the shelf somewhere that he had left over, fill that prescription. That druggist would owe ten hundred and twenty-five dollars at once, and because he did not get his stamp in the first place he would owe two thousand and fifty dollars. I figured it up a little easy, and I found where he would owe the government between three and four thousand dollars, and I was not interested any more; and to prevent some druggist taking the chance of being put in a position where his business might be ruined, I have declined to issue any prescription books, because they are only a lot of trouble for you to take care of and make your reports to my office.

Now the procedure for obtaining intoxicating liquors, or alcohol, for medicinal purposes, I wish to take up briefly. Any physician in this State is entitled to procure six quarts of distilled spirits or alcohol,

to be administered in emergency cases. It must be administered by the physician at the time, it cannot be left to be administered; and that I wish to say is based entirely upon the theory that, if you had a patient who needed some immediately upon the filing of a prescription by a druggist, you could administer that at the time to tide him over until he could get his prescription filled. But, appreciating the fact that there might be cases of severe accident, I have taken, and shall take, the full responsibility for approving the application of any physician of good standing in this State for that amount; and I wish to say further, that if any of you compound any of your own medicine, and need any alcohol or distilled spirits for that purpose, you can obtain through our office the amount necessary for that purpose. I hold in my hand what is known as Form 1404. That is called an application for permit under the National Prohibition Act. It is in triplicate, and notice the way it is arranged! It is arranged so that you can put a couple pieces of carbon paper in there, slip it into a typewriter, and make it out all at once. Now this is addressed to the Federal Prohibition Commissioner, Washington, D. C. The undersigned, James B. Perkins for example, of Boothbay Harbor, engaged in the business or profession of a physician—assuming that I was a physician—for permit to what? It is blank. Now in there you want to write in exactly what you want, and I wish to read to you exactly what the regulation says in that regard: "On filing application for permit to use intoxicating liquors, physicians should indicate the kind of liquor which they desire to use, the quantity, the exact manner in which and the purposes for which they desire to use the same." Now ordinarily in making application, the best way to do that, if you had the regulations, would be to put right in there "For a permit to use intoxicating liquor for non-beverage purposes in my practice as a physician, in accordance with Section 71, Article 12, Regulation 60," and I wish to say that any physician may have a copy of those regulations by applying to my office. I wish to add for the benefit of those who are here that the index is not particularly good in it, but that part which relates to the ordinary practicing physician in general practice, the regulations in which you are particularly interested, appear on pages 41 and 42, at the bottom of page 41 and the top of page 42. Let your application state exactly what you want. Every physician who may be compounding a little medicine knows about what he will need. All you have got to do is to make a fair statement on that blank. When that blank comes to my office

properly signed and executed, the original, only, has to be sworn to. I wish to congratulate the physicians upon the confidence the government has placed in them, because most anybody else who gets alcohol or intoxicating liquors under permit from the government has to give us a bond that they will comply with the regulations in the law. The government, however, permits the physicians of our country to do this without giving any bond. When this comes to my office, down here on the bottom, "Recommended for approval or disapprovel, I sign my name there if I approve it, at Bath, Maine, and forward it to Washington. They will look it over, and you want to state also in your application how much and what kind of intoxicating liquors you want, that you are going to use practically during the year, or how much you will have on hand at any one time. They will approve that, and issue you a permit in three copies. One will come to me, they will retain one, and one will come to you. Now, has anybody any questions so far as we have gone? I want to make this clear because I wish to say this to you frankly, that in accepting this office I did so because I felt there was an opportunity for public service, and 1 wish, in the administration of the permissive features of this law, to make it just as easy for those who are doing business with my office as I can; and I wish to say to you frankly now, and to all other permit-holders, druggists and all others concerned, that whether I guess right on the law or guess wrong, if I tell you anything and you act upon it, or if one of my inspectors in the field comes around to inspect you—and their business, by the way, is to assist you—he is coming in a friendly spirit, a missionary to help you and every other permit-holder to obey the law; and if one of my inspectors should tell a permit-holder in this State something, or if I shall tell him something and I am in error, or he is in error, if we are mistaken as to the law, so far as you are concerned, if you act upon that, that is the law; and no other agency of the government, so long as I hold the office, will be permitted to assess a tax upon you or to hold you guilty of any violation of this Volstead Act, if you have acted upon information which you have obtained from my office. I believe that is the only way that the law can be administered. If I make a mistake and you act upon it, I am the man; you have complied with my requirements. This law is very technical—these regulations, if you act upon any information that you get from my office, or from one of my inspectors, I will back that information to the limit, because I feel that you must have the utmost confidence in my office if

it is to be a success. Have any of you any questions which you would like to ask now as to what you must do in order to get your application? [No response.]

If you have been granted a permit to use, as a physician, alcohol or other stimulants or intoxicating liquors, you make application to the Federal Director of Prohibition at Bath on Form 1410, a copy of which I hold in my hand. Now on that you will state exactly what you want to buy, from whom you wish to purchase it, etc., and I wish to say that you should send at least five of these copies, all alike, stating here the quantity received since January 1, 1920, the amount of alcohol that you have received, or anything else, down here (indicating), to the Federal Prohibition Director, Bath, Maine. "The undersigned permitholder requests permission to purchase or to procure from any dealer in Boston," or anywhere else you wish. There are several of them you can buy from, and I will also say that you can purchase from the United States Marshal's office a great deal of alcohol and other liquors that they have for sale, which have been condemned by the court. Put the number in there and a description of the goods, the kind that you want. The blank is very clear. Then subscribe and swear to each of the five copies. The reason we must have five is that they must be forwarded to the party from whom you wish to purchase. He retains one for his files; and right up in that corner there (indicating) you must put your permit number. For instance, say you were granted a permit in Class H, and your permit was 301. You would put there, "Me.—H-301." I send them all to the party from whom you purchase; he fills the order; he has got to keep one for his files, and write down here (indicating) his little statement: "The above described intoxicating liquors were shipped June 30, 1920," with the signature of the man from whom you are buying. He must, within twenty-four hours after he fills that order, send one by mail to the office of the Federal Prohibition Director, and that goes in the jacket which has your permit number on it. It contains your permit, a copy of your application, the permit granted to you by the Federal Prohibition Commissioner, and all these withdrawal sheets of Form 1410, so we can tell at any time by looking there just how much any permit-holder in this State has held. He keeps one, sends one to me. He has got to give one to the transportation company. He has got to send one to you, and you have to have one that you give in to the Maine Central or the express company at this end, and then you certify down here

(indicating) that you have not changed all of this in any respect. The reason for sending five is that all these parties who handle it must have a copy of this Form 1410; otherwise they cannot transport it from Boston down here to you or anywhere else. When you send them in send five, because sometimes they get us on four, and the result is it comes down here to Augusta. For example, you put in your order for five gallons of alcohol. The Express Company says, "Mr. Jones, where is your form 1410?" You say, "I haven't got one." Then they say, "We cannot let you have it." Then he has got to send to my office to get a duplicate, and that delays it. Are there any questions on that? [No response.]

Now that practically covers the procedure in the ordinary general practice. I will say that the procedure is exactly the same for those of you who may be conducting a hospital or sanitorium in getting your original application for a permit. But a peculiar thing arises, that in a hospital it is possible, under the federal law now, for you to prescribe in the hospital for a patient in influenza or pneumonia, or something of that kind. In that case the house physician writes a prescription in duplicate, one of which he keeps on the hospital files in chronological order, and the other at the end of each month he forwards to my office. Each dose does not require a separate prescription unless it is prescribed at irregular intervals, and when whiskey, brandy, or anything of that kind is prescribed, nothing else can be mixed with it. No drug of any kind must appear upon that prescription, and that prescription must contain the following information: Made out in duplicate, both copies to be signed in the physician's handwriting, and must show the name of the hospital or sanitorium, the date of issuance, the name of the patient for whom used, the kind of intoxicating liquor prescribed, the directions for use, what amount of liquor to be administered during any given period. Prescriptions for intoxicating liquor should not cover any other medicine or drug.

There is a list of medicines that are deemed to be fit for beverage purposes and they appear in our Regulations, on page 36—blackberry cordial, elixir anise, and some eighteen or twenty others. After they are manufactured by you, or by a druggist, or by anyone else, they, themselves, are considered to be intoxicating liquors, and must be used exactly as whiskey, brandy, or anything else is used, unless they are compounded with something else. Of course, alcohol may be used in

the hospital medicated in accordance with one of the formulæ, and may be doled out to the nurses in quantities not to exceed one pint; and I will say that, assuming that you could prescribe and a druggist could fill your prescription in this State, a person could obtain for some known ailment not to exceed one pint in ten days; and the same is true as to medicine administered in a hospital. The limit is placed on that, not to exceed one pint in ten days. This is so important that I want to read the regulation as to hospitals making applications: "In filling application for permit to use intoxicating liquor as authorized in this section, persons conducting hospitals or sanitoriums should indicate the kind of intoxicating liquor they desire to use, the exact purpose for which and the manner in which they desire to use the same and the maximum quantity to be held at any time"; and, of course, any intoxicating liquors in the hospital cannot be left with nor sold to any person.

THE PRESIDENT: The time having expired, are there any questions that you gentlemen would like to ask connected with this matter?

Dr. Robinson: What is the limit of the amount one can get on those terms?

Mr. Perkins: I could not answer that offhand. In making the application you should state what you think you would use from your general experience, and of course when that goes to Washington, they will pass on your application, and they have certain standards. What those are, I have not received any information.

Dr. Robinson: You said something about six quarts.

MR. Perkins: That is to be used in cases of accident emergency. As I said before, that really is based upon the supposition that the patient could get a prescription filled in the course of an hour or two, and that is to be used pending that; but we have not tied that right down hard and fast. We are granting the permits, and I would approve, as I say, any application for any reasonable amount that I could.

Dr. Whittier: I would like to ask if it is possible to use alcohol in excess of the pint in ten days for external purposes?

Mr. Perkins: Oh, yes, indeed; I should say so, certainly. That pint referred to is for internal use. I recall nothing offhand that would prevent any physician using enough for an alcohol bath if they had it to use. The only difficulty comes in obtaining it; but you can purchase from a drug store without any Form 1410, and they can sell it without violating the law at all, a pint of alcohol medicated in accordance with one of the formulæ—bichlorid, alum, or what not. If a man down here on the street sells something under such conditions that he knows, or ought to know, that it is to be used as a beverage, that that might be reasonably deduced, that man is guilty of sclling intoxicating liquor both under the federal and the State law.

DR, GOODHUE: How often can the druggist dispense a pint of alcohol for external use?

MR. PERKINS: I do not think there is any limit, doctor, on that. It would be simply governed, as I understand it, by the general proposition of what it is to be used for; but he could not within a half hour, or an hour or two, use that method of selling a pint at a time to evade the law. That is, for that purpose a man might buy a pint to-day or a pint to-morrow for a purely legitimate purpose; but you cannot split it up and thereby evade the law, because we would have to construe that to be a violation. Are there any other questions?

DR. MILLIKEN: What is the tax for having a little alcohol on hand?

MR. PERKINS: There is no tax. Under permit, do you mean?

Dr. MILLIKEN: Yes, sir.

MR. PERKINS: There is no tax for that. That is all tax-paid alcohol. The only tax-free alcohol is the tax-free alcohol that you get under regulation for hospital use and for some other purposes; but the individual pays no tax to the government for the privilege of having it.

DR. HARDY: I would like to ask if there has been any ruling whether or not the federal law supersedes the Maine law? I know that has been discussed somewhat.

MR. PERKINS: I will say that not in the sense that you mean. The Supreme Court of the United States has held that that is the law, that the Volstead Act is constitutional, and that the Eighteenth Amendment itself is constitutional. Any State law that would assist prohibition I think would be still good, but one that conflicts with it would be null and void. In other words, our own Maine law makes the R. L. D. stamp prima facie evidence. Our federal law requires a man to have it; but in my judgment, if a man takes out an R. L. D. stamp, and the county attorney of the county does his duty, he will prosecute him for violation of the Maine law. Under the Volstead Act and the federal law, the State officers are supposed to have certain duties to perform equal with ours, and on that one point there could be an honest difference of opinion, because I do not think the court went into that. The Volstead Act and the Maine law runs right straight along in two parallel lines, and some of it is almost word for word with our Maine statute that we have lived under for years.

If there are no other questions, I wish to thank you for your very kind attention; and if I at my office can render you any assistance, do not hesitate to call on me. We will send you any regulations or anything that we can to assist you, and will furnish you with all the information we can.

I wish to say for your general information that any violation of the Maine prohibitory law, or anything else, would result in the revocation of a permit by the federal government, because we do not intend to issue permits or assist anyone to violate our State of Maine prohibitory law. We will do everything we can to assist it. [Applause.]

STATEMENT MADE BY DR. HARVEY R. GAYLORD, ONE OF THE DIRECTORS OF THIS SOCIETY AND DIRECTOR OF THE STATE INSTITUTE FOR THE STUDY OF MALIGNANT DISEASES, BUFFALO, NEW YORK.

"The people of the State of New York will want to receive a statement on the stewardship of the purchase of 2½ grams of radium for which \$225,000 was appropriated by the State, and announcement of which was made by Governor Smith a few days ago.

"I am very glad to take this opportunity, both in the name of the Institute for the Study of Malignant Disease, the State and the American Society for the Control of Cancer which supported this purchase, to say these words:

"The experiment in State ownership of a therapeutic agent, as exemplified in the purchase of this radium for social utility, will have a far-reaching effect. This is a development of State medicine to which no one can object and Governor Smith deserves the thanks of the State for what he did.

"Any citizen of the United States," said Doctor Gaylord, "may avail himself gratuitously after October 15th of treatment with the 24 grams, valued at \$225,000, recently purchased by New York State, and the first gram of which was delivered by the Radio Chemical Corporation of New York last week. Preference, however, will be given to citizens of New York State.

"The first gram is now in the vaults of the Institute at Buffalo and the appliances necessary for its use in the treatment of cancer are now in course of construction. The engagement of a competent physicist to work with this radium is also announced. The radium we are using is an American product, mined in Colorado, brought 2900 miles across the continent in the form of 125 tons of carnotite ore to the extraction plant at Orange, N. J., where it was reduced by fractional crystallization to its present state.

"The first purchase of radium by any State," the Doctor continued, "marks a step in the health activities of an American commonwealth. Up to the present we have had no therapeutic agents, so expensive that they could not be afforded by the average practitioner. In the case of radium that condition arises. The unit for efficient use costs not less than \$12,000 and represents 100 milligrams. A gram is worth \$120,000. The greater the quantity in an installation the more efficient

it is, and the less it costs per treatment. New York State has met this condition by purchasing an amount available for all its citizens.

"The value of radium has already arrived at a stage where States, and if necessary the government, should make radium available for cancer treatment gratuitously and beyond the realm of financial limitations. The advent of radium as a therapeutic measure is the most important forward step in the treatment of cancer.

"It is not surprising that when radium first made its appearance over-optimistic claims for its use and hope of its utility should have occurred. But that time is now past. Radium has been made available in smaller and larger amounts to all of the important centers of cancer research in this country, with the result that not alone has new knowledge of this agent been greatly advanced, but the technique of its use, as well as its limitations, have been more definitely defined. The last six years have marked steady progress in its application, and means of more scientifically and more efficaciously employing it have been developed.

"The State Institute, as a result of carefully controlled scientific experiment in its hospital, felt that the time had come when the State of New York should logically provide an adequate amount of radium for the institute on the basis that its value is so definitely demonstrated that it should be made available without cost to the citizens of the State, and that the opportunities for research should now be extended along practical lines. The State Institute has had since 1914 an amount of radium sufficient for scientific study. Private philanthropy has given the Memorial Hospital in New York City a large amount of radium for scientific investigation and practical application for the past four years. The Cancer Research Commission of Harvard University has also had an adequate working supply. The advances made in these and other quarters has steadily strengthened the confidence in the use of this agent, and all of these centers are now seeking means to increase their supply.

"The State of New York, which in 1898 took the lead by founding the first modern State cancer research institute in this country, should properly be made the first State to appropriate the necessary funds for the purchase of a sufficient amount of radium for the use of its citizens, having available for this purpose a center of cancer knowledge and fully equipped scientific research laboratories where its use can be made immediately effective, and from which scientific progress can be confidently anticipated.

"The usefulness of radium in the treatment of neoplasms is still in its infancy, but there are already certain kinds of cancer in which its use offers advantages and the results obtained are an improvement upon any means we have heretofore possessed. It must, however, be remembered that our main reliance in the treatment of cancer is surgery, but radium, in combination with surgery, frequently greatly improves the prospective cure.

"The scientific development of the last two years in the use of radium, largely through the work of Professor William Duane, of Harvard University, made available a means of using radium which has immensely strengthened its usefulness. This method is the use of the emanation of radium in place of the application of radium itself. This method is only available when you have at least one gram.

"Cancer to-day is one of the most important diseases in the United States. It increases 25 per cent. every ten years. In the United States 90,000 deaths occur yearly from it, being of equal importance to tuberculosis. In New York State about 8,000 deaths occur yearly.

"The purchase of the radium has other significance than merely its use for the treatment of cancer. It gives an opportunity for research, and its use under scientific conditions is sure to increase our knowledge of cancer. While surgery still remains our main reliance in the fight against cancer, we can only hope greatly to improve the results of surgery by bringing the patient to surgical treatment at the earliest possible moment. This can only be accomplished by the diffusion of knowledge among the laity of the first beginnings of cancer. It is with such work as this that the Society for the Control of Cancer has particularly charged itself. It is felt by the society that the advent of an alternative will overcome the reluctance of many cases to present themselves to their physicians. The society represents 900 physicians and laymen, and looks with great interest at the purchase and congratulates New York upon the step it has taken.

"The purchase of this radium by an American Commonwealth from an American Company which has mined its ore in the State of Colorado will bring still further to the fore the preëminence of America in the treatment of cancer. Buffalo will become a radium center. While Europe, through Madam Curie, first made the precious element known to the world, the United States has developed both the ore, its extraction, and its use as a therapeutic agent. It is to-day in the forefront of treatment of cancer. This purchase may have a tremendous effect upon further progress in this direction."—From the American Society for the Control of Cancer, 25 West 45th Street, New York City.

CONGENITAL PYLORIC STENOSIS.

By F. H. JACKSON, M. D., Houlton, Maine.

The pitiable predicament of a baby suffering from congenital stenosis of the pylorus is one that excites our ready sympathy. To successfully relieve one of the little sufferers is of no small satisfaction, and without relief death is a most certain issue. Up to the time of the development of the Rammstedt operation operative mortality was exceedingly high. In the hands of the surgeon who had small opportunity to develop a technic it was even more so than in the case of one whose opportunities had not been so limited. This is not to be wondered at when the method of procedure was a gastro-jejunostomy, a decidedly major operation when performed on a little baby, the condition of which was extremely grave, yet even under these circumstances surgery could not be placed on the defensive. Surely the time to operate is before the advent of such a serious condition, yet it must be evident that surgery will be withheld as long as is possible in such cases. The mother will naturally shrink from such a thing, the family physician will try all that he can think of, and yet when one has seen a well developed case it is apparent at once that surgery is the only means of bringing about relief.

As far as I can determine, the condition is not common in this State. A somewhat hasty review of several thousand cases of surgery in our various hospitals shows no record of the operation having been performed. In recording this case we do so, not because of the happy outcome, but for other reasons of more import. One of the chief is that a fairly simple operation, from a technical standpoint, may be the means of allowing a baby that is facing certain death to live. The condition is also one that the physician with a practice among small children must consider when brought face to face with certain symptoms in young babies. The average mistake, and a mistake that should not be criticized too harshly, is for the attending physician to attribute the difficulty to improper food and to start his treatment by the changing of the food formula. To his chagrin this does not bring about results, and it only takes a few days to bring a healthy baby to a point near death. The trouble occurs in the breast as well as the bottle-fed, and it is a somewhat common occurrence for the mother to have taken the advice of well-intentioned friends about different feedings before calling the physician. There are a few points that are worth while calling attention to in establishing the diagnosis. About the first thing is the vomiting of a somewhat projectile type of its food, without seeming rhyme or reason, by a baby that hitherto has been getting along nicely. A very valuable point to establish is not, did the baby vomit, but how much? With the closing down of the pyloric opening a certain amount of dilation of the stomach takes place. Following this dilation we have the retention of more or less of the contents, and the first vomitings may be more than the amount taken at the previous feeding. Another thing is the careful inspection of the stools. In contra-distinction to the vomiting of food that is not agreeing with the baby, by reason of being too rich, the stools of the infant suffering from stenosis show no milk. It is far more inclined to be a mucous bile-stained substance, and there is a marked diminution of the function of the kidneys. This is undoubtedly due to the fact that with the very much lessened fluid retention the renal function is lessened. Such points may appear as trivial and without sufficient import, but when brought face to face with such a serious problem anything that will throw light for or against is worthy of our consideration. With the development of the stenosis to the point where practically no food is passing the pylorus, one will get the visible peristaltic wave of the stomach with the rejection quickly and forcibly of food or water, and in our case the sudden cessation of the peristaltic wave at the pylorus, with its reversal, was dramatic in its plainness. A palpable mass may or may not be made out at the region of the opening of the stomach, and if such is the case one certainly could not be in doubt of the diagnosis. A point given me by the attending physician in the case reported—I have not seen it mentioned elsewhere and it seems a valuable one and worthy of notice, is that the baby, despite the vomiting, was pitifully hungry. On seeing the bottle it would immediately seize the nipple with great eagerness, drink its feeding as rapidly as it could get it, and then in a few minutes would project food from its stomach with great force.

Baby L., aged 4 weeks, was seen in consultation with Dr. J. L. Johnson, of Mars Hill, on August 4, 1920. For about two weeks or more the baby seemed as well as babies do generally and was gaining on the mixture that it was being fed with. About this time vomiting was noticed shortly after feeding, and various changes of food resulted

in no benefit. In ten days the baby was reduced to a mere skeleton and the diagnosis of pyloric stenosis was made by Dr. Johnson. When seen by me the little patient was in extremis, a diagnostic test of a little water showed the peristaltic wave plainly through the thin abdominal wall, stopping suddenly at the region of the pylorus and then rapidly reversing, and followed by vomiting of the projectile type. The general condition of the baby was decidedly poor, yet it was felt that one had far better try an operation than to sit by and say nothing could be done, and the mother most intelligently gave her consent to do what was the obvious thing. The anesthetic was ether, the incision the usual one for operation on the stomach. The dilated stomach immediately presented itself in the incision and the thickened hypertrophied pylorus easily found. The Rammstedt type of pyloroplasty was performed, if the operation can be called a pyloroplasty, and the abdomen closed. The operation took only a few minutes, yet even that was almost enough to overbalance things and the baby was in poor shape. Stimulation with hot coffee and saline by rectum, to which was added some brandy, gave us encouraging results. As soon as the child could swallow, brandy in small doses by mouth tided the baby over the night. Dr. Johnson resumed feedings with dilute milk the next day, and in a few days the little patient was plainly on the gain. At present writing it seems well and is gaining rapidly, and seems no different than ordinary babies of its age.

MEDICAL DEFENSE AGAINST MALPRACTICE SUITS BY THE MAINE MEDICAL ASSOCIATION.

Medical defense for this Association began June 28, 1920.

Members are urged to read the rules and regulations carefully, as it is important to understand and to comply with them.

The Association will furnish to members in good standing expert legal counsel, will, if possible, prevent the filing of suits, and will bear the expense of defending members in case of a suit for alleged malpractice. The Association will not pay damages, but will leave nothing undone to protect members against a judgment.

Members whose dues are paid up, both at the time of the alleged

cause of the action and at the time of the institution of the suit, are entitled to medical defense by the Association.

In order to receive the full benefits of medical defense, members must comply with the rules and regulations. In every case, however, the Association will do all in its power to help every member who applies for advice or aid.

Rules Governing the Members of the Maine Medical Association with Reference to the Defense Act.

1. The object and purpose of the Defense Act is not to aid in defeating any just claim which any person may have against any member of this Association for malpractice. The Association recognizes that sometimes mistakes may occur with the most careful and skillful physicians and surgeons, and the Association will use all just and honorable means to bring about a fair settlement of any such cases. The necessity of a Defense Act arises out of the fact that nine-tenths of the suits brought against doctors for alleged malpractice are little less than blackmail. Experience shows that the great majority of such cases are brought without any purpose of prosecuting them to judgment, but only with the view of forcing the doctor to settle rather than to go to the expense or publicity of a trial.

Every member of the Association is interested in such litigation, because every dollar that is paid upon unjust claims in settlement thereof is encouragement for further attempts to extort money by such methods. In the organization of Medical Defense it is the purpose of the Association to aid its members in defending against these attempts at extortion. The expense of making a proper defense is a burden to many members of the Association, and inasmuch as all are interested in defeating unjust claims, it is no more than just that all members should contribute to aid in such defense.

2. It is not intended that the benefits of the Defense Act shall be available for the purpose of aiding in controversies over bills for services, and in case an action is brought by a doctor to recover for his services and the defendant simply sets up a counter-claim to the extent of the bill or for the purpose of defeating the bill, asking no affirmative judgment beyond the amount of the bill, such doctors shall not be entitled to the benefits of defense. Where, however, an action is commenced upon a bill and a counter-claim is filed for malpractice,

or an independent action is filed for malpractice in which the patient claims a judgment against the doctor in excess of the amount of the bill, then in such a case the doctor is entitled to the benefits of defense, the same as if no action had been brought by him.

- 3. Experience shows that many malpractice suits arise out of a controversy over bills for services. For this reason all cases where there is any serious controversy about a bill for service the doctor ought to submit the matter to the Secretary of the Association before commencing suit upon the bill. The purpose of such submission is not that there shall be any service rendered toward the collection of the bill, but that if it seems best to the Secretary it may be referred to the attorney of the Association, who from experience in such matters may be able to make suggestions with reference thereto which may avoid litigation and prevent the commencement of an action for malpractice.
- 4. Whenever an action is commenced or threatened, the doctor should write to the Secretary of the Association, making a full fair statement of the facts so that, together with the President, they may advise the doctor at as early a time as possible with reference to the action or the threatened action. In many cases advice may be given which will avoid litigation.
- 5. Members will understand that in the commencement of any action in the District Court a notice is served at least fourteen (14) days before the term for which suit is brought, and that gives plenty of time to communicate with the attorneys for the Association so that its rights may be fully protected.
- 6. In connection with any notice so sent to the Secretary, the members should send at the earliest possible date a full statement of the facts pertaining to the case to the Secretary, who will communicate with the attorneys as to the course of action to be taken in this particular case.
- 7. While in some cases which actually come to trial it may be necessary to have local counsel to co-operate with the attorneys for the Association, such LOCAL COUNSEL SHOULD NOT BE EMPLOYED until after communicating with the Secretary or attorneys for the Association. In many instances the cases will be dismissed or otherwise disposed of without trial, so that the expense of local counsel may be avoided.
- 8. It is of utmost importance that members of the Association shall be guided by the foregoing rules, and it is hereby expressly declared that where a member of the Association does not comply with the foregoing rules, he shall not be entitled to the benefits of the De-

fense Act, unless upon proper showing to the Secretary satisfactory excuse for not complying with the rules is established.

9. The Association will pay for the services of local counsel, provided they are employed under the direction of regular attorneys for the Association and not otherwise.

Act For Medical Defense.

All active members of the Maine Medical Association shall be entitled to receive, without personal expense, legal advice and court service from an attorney hired by the Association for the purpose of conducting their defense in any court in Maine whenever they are accused of malpractice or of illegally committing persons alleged to be insane.

Active members wishing to avail themselves of the privileges of this Act shall apply in writing to the Secretary and prove that they are in good standing by the payment of all dues. They shall furnish the Secretary with a complete and accurate statement of their connection with, and treatment of, persons concerning which complaint has been made against them, with dates of attendance, names and residences of nurses and others knowing facts, and circumstances necessary to a clear understanding of all matters at question as may be required by the Secretary or the Association's attorney.

Members shall agree not to compromise or to make settlements in any manner without the advice and consent of the Secretary given through the attorney, nor shall they employ other counsel without the consent of the Association.

If they shall, without the advice or consent of the Association, decide to settle or compromise complaints against them, they shall pay the Association for expenses already accrued, and in default thereof they shall be deprived of further privileges under this Act.

When members ask for defense under the provisions of this Act, the President and Secretary together shall have power to grant it, or for evident cause to reject it, as the case may be, and to make such further provisions as may be deemed necessary for carrying out the purposes and intents of this Act.

The Association will defend up to within one year after his death the estate of any active member then in good standing, who was before his death complained of for alleged malpractice.

The Association will not defend a suit in a case of fracture or similar injury in which an X-ray plate was not taken and kept on file, unless it can be shown that at the time and place it was impossible to

take one. Nor will it defend a member believed to be guilty of criminal abortion, fœticide, or any criminal act, or who has not conformed to the recognized ethical acts in such cases.

Where a defense is conducted by an insurance company, the Association will not contribute expenses, but will give all other aid possible.

The Association will not assume any responsibility for payment of sums agreed upon by arbitration in settlement of complaints or of verdicts awarded, or for making payments for any purpose whatsoever, except as herein specified.

Assessments for carrying out the provisions of this Act shall be decided by rules and regulations of the Association hereafter to be voted.

After adoption of this Act, members shall be provided with rules for guidance when threatened with suits alleging malpractice.

This Act shall take effect when approved by the House of Delegates and adopted by the Association, and shall apply only to suits based upon professional services rendered after its adoption.

Approved by House of Delegates and adopted by the Association June 28, 1920.

BERTRAM L. BRYANT, Secretary.

JOURNAL OF MAINE MEDICAL ASSOCIATION

Editorial Staff.

DR. JAMES A. SPALDING, Portland.

DR. F. C. TYSON, Augusta.

DR. A. S. THAYER, Portland.

DR. BERTRAM L. BRYANT, Bangor.

DR. C. J. Hedin, Bangor.

DR. L. D. BRISTOL, Augusta.

DR. T. E. HARDY, Waterville.

DR. FRANK Y. GILBERT, MANAGING EDITOR, 148 Park St., Portland.

County Editors.

DR. S. E. SAWYER, Lewiston.

DR. F. E. BENNETT, Presque Isle.

DR. HAROLD J. EVERETT, Portland.

DR. G. L. PRATT, Farmington.

DR. A. L. JONES, Old Orchard.

DR. S. J. BEACH, Augusta.

DR. D. M. STEWART, South Paris.
DR. H. D. McNeil, Bangor.
DR. C. C. HALL, Foxcroft.
DR. R. C. HANNISEN, Bath.
DR. H. W. SMITH, Norridgewock.
DR. G. A. NEAL, Southwest Harbor.

DR. F. H. WEBSTER, Rockland.

Editorial Comment.

THE NEW PRESIDENT.

Dr. Theodore E. Hardy, the new President of the Maine Medical Association, was born at East Wilton, Me., August 15, 1872. The Hardys have always been a family of distinction. Dr. Hardy's father was a merchant. Dr. Hardy was educated in the schools of Farmington and afterwards attended Coburn Classical Institute and Colby College, from which he holds the degree of A. M.

In 1898 he graduated at the Harvard Medical School and settled in Kingfield, where he practiced for two years, when an opening presented itself at North Vassalboro and he moved there. His sound common sense and careful training brought him a practice outside of the little community in which he lived, and his influence was soon felt in the adjoining cities and towns of Kennebec and Franklin counties, so that in 1913 he associated himself with Dr. Donald B. Cragin in Waterville. From that time he restricted his practice entirely to internal medicine, a branch in which he had attained his most notable success.

In spite of his increasing and exacting practice, Dr. Hardy has never failed to take an active and dominant part in the civic and social aspects of medical work. He is a firm believer in the public and professional good that comes from organized medicine. He has taken one

of the most active parts in the work of the Kennebec County Medical Association, which he has served as President and chairman of many important committees, and has done much to make the society one of the strongest medical organizations of the State.

He early interested himself in arresting the spread of tuberculosis in the State and was one of the active promoters of the Fairfield Sanatorium. In 1915, when the State took over the Hebron and Fairfield Sanatoriums he was made chairman of the State Board of Sanatorium Trustees, and has been a tireless worker in developing these institutions. During his first appointment of five years the Presque Isle Sanatorium was projected. The capacity of all trebled. In recogni-



tion of his valuable service he has been re-appointed for a second term.

At the same time he was able to spare to the Maine Medical Association, of which he has always been a loyal and active member, time to serve on the Legislative Committee which planned the re-organization of the State Department of Health. His public service has brought him into touch with physicians and laymen of distinction in all parts of the State.

It is fitting and fortunate that the Association is having for its head a man of Dr. Hardy's practical judgment and wide acquaintance at the time when, among other anxious problems, it has the working out of the new medical defense program. The JOURNAL is glad to have the opportunity to pledge the loyal support and that of the society to our new executive,

FAILURES TO REPORT COMMUNICABLE DISEASES.

The State Department of Health is sending out a personal appeal to every physician to urge him to report all communicable diseases at once, in order to prevent epidemics and to preserve the public health as intact as possible. It is urged, for instance, that many cases of chicken pox have not been duly reported, yet the penalty for such neglect is identical with that for failure to report small-pox. The State is well provided now with local health officers, but they cannot do all that their office justifies unless every physician follows out his plain duty and keeps the health officer informed of every sporadic, mild, simple case of every communicable disease.

The State Department is also sending out with its personal letter a set of the revised rules and regulations for all physicians, and the JOURNAL urges all physicians once more to remember the law, and to try their utmost to respect and obey it. In the present day it would seem, from the manner in which it is bantered about, that there is but one single law, namely, against drinking, or using or making liquors, but we are not to forget that there are many more, equally necessary for the preservation of public health and prevention of the spread of disease. Keep all the laws is better advice than to keep just one.

NEW AND NON-OFFICIAL REMEDIES.

During September the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

United Synthetic Chemical Corporation:

20 per cent. Aromatized Suspension made from Benzyl Benzoate (Van Dyke & Co.)

The Heyden Chemical Works:

Proganol.

Change of Agencies:

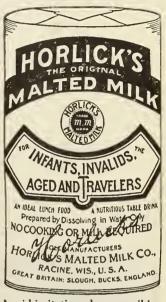
The Diet in Typhoid

and other fevers and diseases prevalent at this season

As the intestinal tract is seriously involved in Thpyoid fever, the dietetic problem is one of first consideration. A liquid diet is largely essential, in which connection "Horlick's" has important advantages, being very palatable, bland and affording the greatest nutriment with the least digestive effort.

Samples prepaid upon request

Horlick's Malted Milk Go., Racine, Wis.



Avoid imitations by prescribing "Horlick's" the Original

ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.

Arheol and Riodine. The Council has directed that the description of Arheol (New and Non-official Remedies, 1920, p. 251) and Riodine (Journal A. M. A., Aug. 14, 1920, p. 477) be revised to state that these products are manufactured by P. Astier Laboratories, Paris and New York, and are distributed by Geo. J. Wallau, Inc., New York.

Benzyl Alcohol and Benzyl Benzoate (Van Dyke & Co.). The Council has directed that the description of Benzyl Alcohol (New and Non-official Remedies, 1920, p. 28) and Benzyl Benzoate (New and Non-official Remedies, 1920, p. 50), be revised to indicate that the United Synthetic Chemical Corporation is the distributor of these products.

Official articles not within the scope of New and Non-official Remedies:

Capsules Folia-Digitalis and Tincture of Digitalis (Upsher Smith). These products are sold by Upsher Smith, St. Paul, Minn. The Council finds that they have the status of official articles. and are therefore not within the scope of New and Nonofficial Remedies.



THE CLINICAL TEST IS THE VITAL TEST

as applied to OUR Arsphenamine products, viz:

rsamınol

(Arsphenamine, 606)

Neoarsaminol

(Neoarsphenamine, 914)

Each lot is tested
(1) At our Laboratory;
(2) By the U. S. P. H. S., Washington, D. C., and
(3) Clinically—the VITAL test

Our Arsphenamine products Accepted by the have been exhibited with gratify-the A. M. A. ing results by Genito-Urinary Sulphur Contenmembers of the Maine profession. and ointment.

"MAKE ASSURANCE DOUBLY SURE" BY USING THE BEST

If your dealer cannot supply these superior products, write us direct. Your retailer's name will be much appreciated.



HIRATHIOL (Ammonii Sulphoiehthyolicum)

Accepted by the Council ot P. & C. of the A. M. A. Guaranteed Minimum Sulphur Content, 9½ per cent. Liquid

Indications:

Internally-Cutaneous diseases, gout, scrofula, nephritis, gonorrhea, etc. Externally—Erysipelas, burns, car-huncles, rheumatism, peritonitis, etc-



TakamineLaboratory/Inc

HOME OFFICE AND WORKS CLIFTON, N. J.

Manufacturing Chemists 12 DUTCH STREET

NEW YORK



Gentlemen: Kindly send me literature, quotations and samples.

NAME..

Address

Correspondence.

Dr. Frank Y. Gilbert, Managing Editor, The Maine Medical Journal, Portland, Maine.

Dear Doctor:

We are taking this opportunity of calling your attention to an article, as well as the editorial following it, that appears in the August number of the MAINE MEDICAL JOURNAL entitled "Patent Foods in Infant Feeding," by Thomas A. Foster, M. D., of Portland, as a reference is made to Horlick's Malted Milk therein.

In this article Horlick's Malted Milk is placed in the same class as a food product which does not contain milk; also (on page 16) the statement is made that "malt foods are not to be regarded as complete foods for infants," and we wish to bring these two statements particularly to your attention.

For your information we would advise that Horlick's, the Original Malted Milk, is composed of pure, rich cow's milk combined with the nutritive extracts of malted grain, reduced to powder form in vacuo, and by our special process the vitamine content of the milk and cereals is preserved. Horlick's Malted Milk is a complete food, and requires only the addition of water to prepare it for use, while the product mentioned in the article to which we call attention requires the addition of milk, and is similar in composition to Horlick's Food, our milk modifier.

Horlick's Food is classified under products without milk, being the first food of this character produced in the United States. Later on Horlick originated Malted Milk, the first product of this character containing milk, and the first instance of milk solids being contained in powder form.

That Horlick's Malted Milk is a complete food is amply evidenced by the exceptional results obtained from its use by the medical profession, who for over a third of a century have used it successfully in the most difficult feeding cases, and today acknowledge it to be, next to mother's milk, one of the most reliable infant foods on the market. You might be interested in the attached analysis slip, which will give you further particulars regarding Horlick's Malted Milk. In view of your letter of August 11, in which you state that every effort is being made to bring about closer co-operation between the advertiser and the members of your society, we feel that you will be pleased to have this matter called to your attention. We think a more thorough investigation of the composition and uses of the food-products that are to be mentioned should be made before publishing articles of this nature, as these might give an erroneous impression of the relative merits of the food-products, especially if the physicians are not fully acquainted with their true worth.

Very truly yours,

HORLICK'S MALTED MILK COMPANY,
JOHN SENTER SIDLEY.

HORLICK'S MALTED MILK.

Analysis.

Fat	8.78
Protein	16.35
Dextrine	18.80
Lactose and Maltose	49.15
Ash	3.86
Moisture	3.06
(Total Soluble Carbohydrates 67.95)	

Total 100.00

"The ratio of maltose to lactose is about 4 to 1" (H. M. M. Co.)

Holt on Infancy and Childhood,

Horlick's Malted Milk contains clean, full-cream milk (from our sanitary dairies) enriched and modified by the extract of choice malted barley and wheat. It is free from pathogenic germs, and contains no starch or cane sugar.

The case of the Milk is partially predigested in the process of manufacture, so that no large, firm curds form in the stomach, such as follow the use of ordinary cow's milk, only small, soft, flocculent particles appearing.

Horlick's Malted Milk is sold in glass jars hermetically sealed, and keeps indefinitely in any climate.

HORLICK'S MALTED MILK CO., Racine, Wis.

Heart diseases caused more deaths in 1917 than any other ailment (115, 337) says the United States Public Health Service. Right living would materially reduce this. Don't wait for the disease to develop before you see your physician.

BYB

Surgeon's Soap

Germicidal





Phenol Coefficient-51.98

As per report of Chicago Laboratory

An independent authority—the Chicago Laboratory—reports the phenol coefficient of B&B Surgeon's Soap to be 51.98. Complete report sent on request.

A one-per-cent lather corresponds in bactericidal strength with a 50 per cent solution of carbolic acid. So its germicidal power is unquestionable.

One cake represents the germicidal power of six pounds of carbolic acid, or about 15 gallons of a 5 per cent solution.

B&B Surgeon's Soap contains one per cent mercuric iodide, which has 5000 times the germicidal power of carbolic acid.

It is the only type of cake soap which can properly be called germicidal. That

means more than "antiseptic," more than "disinfectant." It means the power to kill germs.

If a soap contains 5 per cent carbolic acid, a one-per-cent lather represents a dilution of 1 to 2000. That is far below germicidal efficiency. Cresol is also reduced too low.

B&B Surgeon's Soap is truly germicidal, with lather formed in the usual way. Contact with the skin for a few minutes makes it doubly sure.

The cake is convenient. It cannot break as a bottle of liquid might. It has lasting qualities and can always be relied upon.

Write us for complete report.

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surgical Dressings and Allied Products

Commercial Notes.

AROMATIC CHLORAZENE POWDER.

Influenza may or may not be rampant next winter as it was last year and the year before. It is probable, however, that the disease will make its appearance again, as forecasted. We shall see. The one thing we may be sure of now is that there will be plenty of rhinitis and other manifestations of localized infection affecting the upper respiratory tract, including the sinuses. To the lay persons they are "colds", distressing more or less, causing some malaise and some fever along with the local symptoms, and showing evidence of being transmissible or epidemic.

In view of this the newer Dakin chlorine compounds will interest us, as applied to the nose and throat for the purpose of disinfecting these passages against disease germs. Whether effective against the development of the influenza organism is questioned by some, but against the milder agencies concerned in epidemic winter colds, it is fair to assume that much good may come from the use of germicidal solutions so employed.

Aromatic Chlorazene Powder serves well for washing out the nasal and oral passages. It contains the chlorine compound to the extent of 5 per cent., with desirable alkaline sodium salts and eucalyptol added. Freely soluble in water, fluids for douching or spraying are readily made as they are needed. Its germicidal value is not a fancied one. Weight for weight this powder is about $2\frac{1}{2}$ times stronger than phenol. Hence, for office treatment in catarrhal conditions generally affecting the nose and throat, Aromatic Chlorazene Powder is a most satisfactory recourse. The Abbott Laboratories, Chicago, will supply it. A sample vial may be had by those who care to try it out.

UNDERWOOD Bookkeeping

Machines bring order out of
office chaos. With them there
is no longer any doubt as to
monthly balances. They
create daily balances if
necessary. Legibility, accuracy, elasticity

UNDERWOOD TYPEWRITER CO., Inc.

% EXCHANGE STREET PORTLAND, ME.

The Coolidge X-Ray Unit

(Portable)

is the latest product of the Research Laboratories of the General Electric Co. Perfected under the personal supervision of Dr. W. D. Coolidge, it is at once simple, compact and thoroughly reliable. Each unit is supplied with comprehensive instructions and a simplified technique for making radiographs of all the bony structures of the body, the chest, etc., with either plates or films, with or without intensifying screens. No special wiring required—may be attached to any lamp socket. May be used on either direct or alternating current.

Write for booklet.

Clapp Anderson Co.

Specialists in high quality X-Ray and Electro-Medical Apparatus

120 Boylston St.

Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me.

Maine Representative

100 Million Explosions

In a Grain of Wheat



Puffed Wheat is whole wheat steam exploded. The grains are sealed in guns. After an hour of fearful heat the guns are shot. And over 100 million steam explosions are caused in every kernel.

The process was invented by Prof. A. P. Anderson, to make whole grains wholly digestible, and easy to digest.

Puffed Rice is whole rice puffed in like way. Corn Puffs are corn hearts puffed.

These bubble grains, flimsy and nut-like, form most delicious foods. And they are the best-cooked cereals in existence.

Puffed Wheat
Puffed Rice
Corn Puffs

Boralol

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

T is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best results are obtained by dissolving in hot water.

esaits are obtained by dissolving in not water.

Ask For Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

HELPS in DIAGNOSING

Originated aud endorsed by Prominent Physicians. Practical and Convenient

Renal Functioning
PHENOL-SULPHONE-PHTHALEIN

Acidosis Conditions

Apparatus for Determining

CO₂ TENSION OF ALVEOLAR AIR ALKALI RESERVE OF BLOOD HYDROGEN-ION CONCENTRA-TION OF BLOOD

Urea in Urine and in Blood UREASE-DUNNING

LITERATURE UPON REQUEST

HYNSON, WESTCOTT & DUNNING

PHARMACEUTICAL CHEMISTS

BALTIMORE

TRY

LANGTON RX OPTICAL WORK

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

C. A. L. Langton

Manufacturing Optician
419 Boylston St.

Boston, Mass.



Infant Feeding

Diet Materials

Our Reputation Is In Your Hands

THERE ARE THOSE THAT KNOW AND THOSE THAT ARE WILLING TO KNOW WHAT MEAD'S DEXTRI-MALTOSE, COW'S MILK AND WATER WILL DO FOR THEIR INFANT FEEDING CASES

Perhaps You Too Would Like to Have Us Send You This Literature:

"Prescription Blanks" (1)—"Slide Feeding Scale" (2)—"Key for Modifying Cow's Milk" (3)—"Very Young Infants" (4)—"Diets for Older Children" (5)—

"Food Salts in Infant Feeding" (6)—"Instructions for Expectant Mothers" (7)—

"Diets for Nursing Mothers" (8)

YOUR CONFIDENCE IN US IS NEVER MISPLACED

IND.U.S.A

THE MEAD JOHNSON POLICY

DEXTRIMALTOSE IS ADVERTISED ONLY TO DEXTRIME SIGN. NO FEEDING DIRECTIONS OF THE PROPERTY OF TH

Oculists Prescription Work

THE SMITH-SOMES CO. **OPTICIANS**

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess





PITUITARY LIQUID

THE product is of standard strength. The package is dated. The doctor knows. He doesn't trust to luck.

It is Posterior Pituitary Active Principle in isotonic salt solution and is without preservatives.

 $\frac{1}{2}$ c. c. ampoules (small dose) are labeled, "Obstetrical and Surgical."

1 c. c. ampoules (full dose) are labeled, "Surgical and Obstetrical."

Either in an Emergency.

Literature on request.





NOV 20 1930

THE JOURNAL

OF



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 4.

NOVEMBER, 1920.

\$2.00 per year

Secretion, Digestion, Metabolism, Expenditure of Energy

"The whole of the energy of the chemical changes is set free in the form of heat. Even during rest changes are going on in the gland-cells, changes which involve the taking up of food material and its assimilation."

* * * * * * *

"The act of secretion involving, as it does, the expenditure of energy, can be carried out only at the expense of chemical changes in the cell."

Starling's Physiology, p. 756

GASTRON is stored-up energy extracted directly from the stomach gland-cells—the "potencies" of the complex principles, enzymes, associated organic and inorganic constituents of the activated gastric gland secretion

GASTRON saves in the cost of digestion, particularly for the sick, where digestion sometimes comes at "too high a price."

FAIRCHILD BROS. & FOSTER NEW YORK

OFFICERS.

President—T. E. Hardy, Waterville, 1st Vice-Pres.—G. R. Campbell, Augusta,

2nd Vice-Pres.-James McFadyen, Milo. Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District,	J. F. Thompson, Portland,	Term e	xpire	s 1921.
Second District,	E. V. Call, Lewiston,	4.6	-11	6.6
Third District,	W. E. Kershner, Bath,	6.6	6.6	1923.
Fourth District,	F. H. Badger, Winthrop,	6.6	6.6	6.6
Fifth District,	Lewis Hodgkins, Ellsworth,	**	6.6	1922.
Sixth District,	C. H. Burgess, Bangor,	6.6	6.6	6.6

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	L. F. Hall, Lewiston,	L. O. Roy, Lewiston.
Aroostook,	P. E. Gilbert, Ashland,	F. E. Bennett, Presque Isle.
Cumberland,	F. J. Welch, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Hancock,	F. Fremont Smith, Boston, Mass.	Geo. A. Neal, Southwest Harbor.
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	W. M. Spear, Rockland,	C. D. North, Rockland.
Oxford,	O. S. Pettingill, Heborn	W. T. Rowe, Rumford.
Penobscot,	W. E. Fellows, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxcroft.
_		C. N. Stanhope, Dover, Acting.
Sagadahoc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	W. G. Sawyer, Madison,	C. E. Richardson, Skowhegan.
Waldo,	Eugene L. Stevens, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles— Epidemic Encephalitis	British Profiteering in Lenses Improvement in Hospital Service One-Eyed Motor Drivers United States Civil Service Examination. Anesthetist	13: 13:
Editorial Comment—	Miscellaneous—	
Membership Drive 132	County News and Notes	138
Cancer Control 133	New and Non-Official Remedies	142

PORTLAND SCHOOL OF LIP-READING

For the Hard-of-Hearing and Deaf Adult

MULLER-WALLE METHOD

Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS MISS MARGARET J. WORCESTER 65 Thomas Street. Portland, Maine

Cumberland County Medical Association

Annual meeting and banquet December 10th, Falmouth Hotel, at 6.30 P. M. Essayist, Dr. W. R. Macausland, Boston. Subject, "Arthritis from the Standpoint of an Orthopedic Surgeon." Discussion, especially of the medical aspect, by Dr. W. E. Preble, Boston. 4.00 P. M., clinic, medical and othopedic, at Children's Hospital. All members of the State Association are invited.

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS—Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St., - Portland, Me.

TELEPHONE NUMBER 82440



ELECTRIC CENTRIFUGE

9-4215

2 ARM

\$27.50

No physicians's outfit is complete without a centrifuge. Our special offer enables you to secure a fully guaranteed Electric Centrifuge at a most attractive price; built with universal motor for either alternating or direct current.

9-4216

4 ARM

\$35.00

FRANK S. BETZ CO. Hammond, Ind.

Chicago Salesroom, 30 E. Randolph St., 3rd Floor New York, 6-8 W. 48th St.

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address:

For Particulars and Rates write to FRANCIS J. WELCH, M.D.

EAST PARSONSFIELD, MAINE

THE BOWDOIN MEDICAL SCHOOL

Addison S. Thayer, Dean,
10 Deering Street, - Portland, Maine



Dr. Leighton's Hospital

PORTLAND, MAINE

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

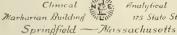
ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Telephones { 1318 | 1406

Portland, Maine





175 State Street

DEPENDABILITY -

As applied to our Laboratory, dependabilty means

- -Absolute accuracy in the analysis of all specimens.
- —Promptness in the forwarding of reports.
- Fees that are reasonable, yet consistent with careful work.



RADIUM

Needle Applicators - Flat Applicators

Applicators of Special Design complete installations of emanation apparatus

> Sold On Easis of U. S. Eureau of Standards Certificate

Correspondence Invited By Our PHYSICAL, CHEMICAL and MEDICAL DEPARTMENTS

THE RADIUM COMPANY OF COLORADO, Inc.

Main Office and Reduction Works DENVER, COLO., U. S. A.

Branch Offices

108 N. State St. 50 Union Sq. CHICAGO NEW YORK LONDON PARIS

The STORM ABDOMINAL SUPPORTER

Adapted to Use of Men, Women and Children and Babies FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREGNANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.



No Whalebones No Rubber Elastic

Special Kidney Belt

Washable as Underwear

Inguinal Hernla Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA

New Third Revised Edition-Now Ready

Physiology and Biochemistry

IN MODERN MEDICINE

By J. J. R. Macleod, M. B., Professor of Physiology in University of Toronto; formerly Professor of Physiology in Western Reserve University; assisted by Roy C. Pearce, M. D., A. C. Redfield, M. D., and N. B. Taylor, M. D. 1,000 pages, with 231 text illustrations and 12 full-page color plates. Third revised edition. Price, silk cloth binding. \$10.00.

The Most Important Medical Book of the Year

Jour. Amer. Med. Assn.-

"This is not a text-book of physiology as usually understood, but a thorough review of those parts of physiology and biochemistry that bear most directly on general clinical medicine, with particular reference to the needs of the advanced students and of physicians. It is a well-written, well-balanced, authoritative work, competent in every way to satisfy its purpose, namely, to facilitate the study, interpretation and treatment of disease in the light of physiology and biochemistry. The book has great potential value, because it presents adequately the knowledge of these sciences that the physician can use to deepen his grasp on the nature and meaning of the phenomena of disease."

The C. V. Mosby Company
Medical Publishers

ST. LOUIS

U. S. A.

Send for a copy of our new 96-page catalog

This book takes up the newer methods of physiology and biochemistry for the first time in an intelligible manner for the general practitioner. It is the connecting link between physiology and biochemistry and practical medicine. An instantaneous success. Order a copy to-day—sign the attached coupon and mail NOW. Third revised edition now ready.

C.	v.	Mosby	y Co.
	St	. Loui	S

(Maine.)

Send me the new 3rd Edition of Macleod "Physiology and Biochemistry in Modern Medicine"—for which I enclose \$10.00, or you may charge to my account.

Name	



BRONCHITIS

is one of the pathologic conditions in which CALCREOSE has yielded very satisfactory results.

The pharmacology of CALCREOSE is the pharmacology of calcium and creosote, but unlike creosote, CALCREOSE does not cause gastric distress or irritation even when taken in large quantities and for long periods of time. Therefore when creosote action is desired without these untoward effects, CALCREOSE is an excellent form of creosote medication.

CALCREOSE may be administered in comparatively large doses—as high as 160 grains per day having been given—and the dosage is accurate and easily regulated. Patients do not object to creosote in the form of CALCREOSE.

TABLETS

POWDER

SOLUTION

Samples and details will be sent on request

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY



0



Announcement of Merging of Victor Electric Corporation with X-Ray Interests of General Electric Company

An arrangement has been completed which took effect October 1, 1920, under which the entire business of the Victor Electric Corporation and X-Ray interests of the General Electric Company have been merged in a new corporation formed for the purpose and known as the VICTOR X-RAY CORPORATION. The new company, has exchanged its capital stock for the X-Ray patents and good will of General Electric Company and for the assets and business of the old Victor Electric Corporation. The formation of the new company will result in full

Announcement of National Corporation with General Electric Corporation formed for VICTOR X-RAY CORP has exchanged its capital and good will of General assets and business of the manufacturing, engineering tween Victor X-Ray Company with respect the tend further the useful consequently, present new X-Ray devices will be addominated to bring about a convictor Corporation organization with as little disturbance of manufacturing plated to bring about a convictor Corporation organization with as little disturbance of the Victor X-Ray Contheresearch laboratory becomes the Commercial Corporation. Mr. W. S. had charge of the commow will be General Sales Mar General Manager of Ager The Victor X-Ray Contheresearch and Commow will be General Electric Companion of the Victor X-Ray Contheresearch and Commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be General Sales Mar General Electric Companion. Mr. W. S. had charge of the commow will be general Sales Mar General Manager of Ager The Victor X-Ray Cout the same li assets and business of the old Victor Electric Corporation. The formation of the new company will result in full manufacturing, engineering and research co-operation between Victor X-Ray Corporation and General Electric Company with respect to X-Ray problems. It will extend further the usefulness of the two companies and consequently, present needs for Coolidge tubes and other X-Ray devices will be adequately met.

The executive, administrative, engineering and sales staff of the old Victor Electric Corporation will remain practically unchanged. Mr. C. F. Samms becomes President and General Manager. Mr. J. B. Wantz retains full charge of manufacturing and designing. It is contemplated to bring about a complete co-ordination of the entire plated to bring about a complete co-ordination of the entire Victor Corporation organization with the research and engineering organization of General Electric Company with as little disturbance of the old relationships as possible.

with as little disturbance of the old relationships as possible.

Dr. W. D. Coolidge of the research laboratory of General Electric Company becomes Consulting Engineer of the Victor X-Ray Corporation. Mr. C. C. Darnell of the research laboratory of General Electric Company becomes the Commercial Engineer of the Victor X-Ray Corporation. Mr. W. S. Kendrick, who for many years had charge of the commercial sale of the Coolidge tube, will be General Sales Manager. Mr. L. B. Miller remains General Manager of Agency Sales.

The Victor X-Ray Corporation will continue to carry out the same liberal policies and practices toward the X-Ray trade that have already been established by the General Electric Company.

The primary purpose of this merger was to co-ordinate the efforts of the best and most constructive elements in the research, engineering and commercial divisions of the

the research, engineering and commercial divisions of the X-Ray field to the end that users of X-Ray equipment might be served in the best possible manner, and assurances are given by the officers of the new corporation that the ideal toward which they intend to strive is 100%

VICTOR X-RAY CORPORATION

C.J. Samme President

drenalin in Medicine

3-Treatment of Shock and Collapse

THE therapeutic importance of Adrenalin in shock and collapse is suggested by their most obvious and constant phenomenon-a loss in blood pressure.

The cause and essential nature of shock and collapse have not been satisfactorily explained by any of the theories that have been advanced, but all observers are agreed that the most striking characteristic of these conditions is that the peripheral arteries and capillaries are depleted of blood and that the veins, especially those of the splanchnic region, are congested. All the other symptoms-the cardiac, respiratory and nervous manifestations - are secondary to this rude impairment of the circulation.

The term collapse usually designates a profound degree of shock induced by functional inhibition or depression of the vasomotor center resulting from some cause other than physical injury, such as cardiac or respir-

atory failure.

Treatment aims to raise the blood pressure by increasing peripheral resistance. As a rapidly acting medical agent for the certain accomplishment of this object Adrenalin is without a peer. In cases of ordinary shock it is

best administered by intravenous infusion of high dilutions in saline solution. Five drops of the 1:1000 Adrenalin Chloride Solution to an ounce of normal salt solution dilutes the Adrenalin to approximately 1:100,000, which is the proper strength to employ intravenously. A slow, steady and continuous stream should be maintained by feeding the solution from a buret to which is attached a stop-cock for the regulation of the rate of flow.

In those cases marked by extremely profound and dangerous shock or collapse the intravenous method may prove too slow or ineffective. Recourse should then be had to the procedure described by Crile and called centripetal arterial transfusion. Briefly it consists in the insertion into an artery of a cannula directed toward the heart. Into the rubber tubing which is attached to the cannula 15 to 30 minims of Adrenalin 1:1000 is injected as soon as the saline infusion begins.

The effect of this is to bring the Adrenalin immediately into contact with the larger arteries and the heart. Sometimes, even in apparent death, the heart will resume its contractions, thereby distributing the Adrenalin through the arterial system and accomplishing the object of

> this heroic measureresuscitation and elevation of the blood pressure.



PARKE, DAVIS & COMPANY

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

NOVEMBER, 1920.

No. 4

*EPIDEMIC ENCEPHALITIS.

By IRVING H. PARDEE, M. D., New York City.

It is with great pleasure that I am here this afternoon to talk to the members of this Association on the subject of encephalitis. No disease has so taken the medical profession by surprise as this one, for it arrived here in the wake of the influenza epidemic almost unheralded. Like most of the epidemics of the past decade, it has traveled from east to west, originating somewhere in that center of disease, Southeastern Europe, whence came poliomyelitis, influenza, and lastly encephalitis.

I should like to say a word concerning the name of the disease. I have chosen to call it epidemic encephalitis because the term encephalitis lethergica is incorrect and misleading, for it is not the encephalitis that is lethargic, but the patient himself, and lethargy is present in only about one-half the cases. The most correct name would be encephalomyelitis, but that is too long a term for general use. A word of caution against the use of the term "sleeping sickness." The tse-tse fly in Africa has usurped that name for its own, and trypanosomiasis is clinically a very different disease from encephalitis.

The first report on the disease was by von Economo, from Austria, in 1917. He gave an excellent description of the clinical aspects and pathology of the disease and was the first to name it encephalitis lethargica. After that reports filtered in from Germany, later from France,

^{*} Read before the June meeting of the Maine Medical Association.

and soon afterward a wealth of material appeared from England. In the fall and winter of 1918-1919 the disease made its appearance in the United States in epidemic form, lasting until the spring. After that sporadic cases occurred until the first of this year, when it again appeared in large numbers and in a greater variety of forms than in the previous year. It has now become world-wide in its distribution. I believe we can expect a recurrence next winter.

Encephalitis is not a new disease. A study of the literature shows that an epidemic "sleeping sickness" was reported in 1712, again in 1745 and in 1800, and in 1890 the predilection of the influenza toxin for nervous tissue was noted by Leichtenstein in a splendid monograph, and an encephalitis was described by him coincident with the great influenza epidemic of that year.

ETIOLOGY.

Almost any age may be attacked, the disease having been reported in an infant four weeks old and in a man over sixty, but, like influenza, it seems to strike particularly young adults between the ages of twenty and thirty-five. The sexes seem to be equally susceptible. One fact of interest is the large number of reports of pregnant women developing the disease, who seem to be particularly liable to the infection, as they are to influenza.

There is a seasonal occurrence, the epidemic in each country reaching its height in the winter, with sporadic cases appearing through the remainder of the year, most rarely in summer. This winter in New York the medical wards of all the large hospitals contained from five to ten cases all of the time, the disease being especially prevalent during January.

There is a special susceptibility on the part of the present generation to the invasion of what is to them a new epidemic disease. At its outset the cerebral forms were encountered, but this winter a greater variety of new types, notably those in the spinal cord, were seen. Whether this has to do with the attenuation of the organism it is impossible to say.

The etiological factor is unknown. Several organisms have been reported, namely a diplostreptococcus by Von Wiesner and others, and a "globoid" organism by Strauss and Loewe. The latter investigators have carried out successfully inoculation experiments into monkeys with nasopharyngeal washings, brain tissue, and spinal fluid, and have

reproduced the disease from the cultured organism, but the evidence that they are causative factors is not convincing.

The mode of transmission is supposed to be through the nasopharynx. However, its appearance in such large numbers in such widely separated localities almost simultaneously makes one feel that perhaps atmospheric conditions may disseminate it.

The question of communicability is an interesting one. There have been cases reported of a father and son contracting the disease, and two members of the house staff of a New York hospital died from the disease after having had several cases under their immediate charge. In spite of these incidences, which of course do not prove the point, neither at the Neurological Institute nor at the general hospitals in New York are these patients separated from the others, and no contact cases have as yet been reported from them.

PATHOLOGY.

In discussing the histopathology I should like to lay emphasis upon the disproportion between the severity and extent of the signs of encephalitis and the slight changes found in the brain on necropsy. Many cases with signs indicating profound disturbances of the brain stem and encephalon will show macroscopically almost nothing and microscopically very little. In a very small number the reverse is also true. In general it may be said that the toxic factor in encephalitis has a predilection for the grey matter. The most extensive changes are found in the basal ganglia, nuclei of the brain stem, and the floor of the fourth ventricle and aqueduct of Sylvius. Lesions have also been found in the posterior roots and the cranial nerves, with resulting radiculitis and neuritis. The most characteristic lesions to be found in encephalitis are a perivascular infiltration and microscopical hemorrhages, usually occurring from the venules. Mononuclear and plasma cells are seen invading the tissue spaces about the blood vessels and edema is also encountered. Neuronophagia and engorgement of the pia mater are relatively mild in encephalitis in contradistinction to poliomyelitis.

SYMPTOMATOLOGY.

General Symptoms.—The antecedent history of a previous catarrhal or grippe infection is obtained in a small percentage of cases, and some have followed an influenzal-pneumonia. Most commonly the

onset of the disease is acute without previous infection, and is ushered in by chills, lassitude, malaise, headache, anorexia and fever, and differs very little from the onset of any acute infectious disease. However, the occurrence of a diplopia, dizziness or delirium, and the signs of a localizing cerebral or spinal lesion, soon serve to differentiate it from other conditions. There are mild forms of the disease which are never severe enough to put the patient in bed. The diagnostic points are few and may often be no more than a transient oculomotor palsy, or perhaps a slight drowsiness for a week or ten days, which may not even have made the patient stop work. The severe fulminating forms of encephalitis are rarely seen, but when they do occur the picture within ten or twelve hours from the onset will consist of vertigo, vomiting and collapse, perhaps a convulsion, and then the signs of a severe involvement of the brain stem, as evidenced by paralyses of the limbs, cranial nerve palsies, delirium and coma following rapidly upon one another to death.

The temperature in the great majority of the cases is increased, in the average varying from 100° to 102°, subsiding gradually, until by the fourth or fifth week it is gone. Fever is occasionally absent in the mild form, and in the fulminating and fatal forms is apt to become very high, 106° to 108°. Hyperpyrexia is sometimes extreme, probably from a lesion in the temperature-regulating center in the medulla. The pulse commonly corresponds to the temperature, and in a few cases a tachycardia of 140 to 150 is seen.

The headache accompanying encephalitis is seldom troublesome, and usually occipital in location. When severe it is apt to be due to an involvement of the posterior nerve roots at the highest cervical level. Skin rashes, especially herpes, have been mentioned in some reports. Photophobia is present, and in a hiccough we have evidence of a phrenic nerve affection. In connection with this latter sign I should mention an epidemic hiccough which developed before and during the outbreak of encephalitis. A few of these cases eventually developed evident signs of encephalitis.

Special Symptoms.—Having sketched the picture presented by the abortive, the usual, and the fulminating forms of encephalitis, and having detailed the general symptoms, I will take up the remainder of the symptoms and physical signs in conjunction with their localizing centers in the cerebrospinal axis. In that way, perhaps, we may

avoid the impossibility of attempting to classify definite fixed types of this disease—a very futile thing to do because of the diversity of localization in each individual patient.

The most evident symptoms of involvement of the encephalon are the mental attitude and status of the patient. Lethargy, which was at first thought to be present in all cases, is absent entirely in more than half of them. When present, it may vary from slight dullness and apathy to coma. At the outset a patient may fall asleep during the day, or he may have prolonged hours of sleep; later in the course of the disease he may with difficulty be kept in conversation for any length of time and be quite somnolent. The impression they give of somnolence is often erroneous, presenting a picture of relaxed facial expression and a ptosis of the eyelids, but they are easily aroused to answer questions or enter into conversation, following upon which they will relax to their apparently stuporous condition. Such a patient may even complain of insomnia. The cause of this peculiar lethargy which accompanies encephalitis has been variously described as a toxic action upon the cerebral cortex or an interference with the cortico-thalamic sensory tracts.

Many of the patients in the febrile stage of the disease, excepting those with pain, are in a pleasing euphoric state, no matter how seriously ill they are. Delirium is also commonly seen and takes the form of the occupational type, rarely developing into an acute mania. It often simulates the muttering delirium of the third week of typhoid. Irritability, restlessness, mental depression and anxiety are also seen. Aphasias of mixed types, catatonic states and catalepsy are occasionally observed, and I should like to note especially the frequency with which we are now seeing mental disorders as residuæ of the disease. These may be paranoid states, expansive episodes of a paretic type, depressive psychoses, and many psycho-neurotic states.

Next to the oculomotor and cortical symptoms those referable to the basal ganglia are the most important. Here there are three sets of symptoms comprising (1) the parkinsonian syndrome, in which is seen the mask-like unemotional facies, rigidity of the muscles, and flexed attitude of the body with stooping, the slowness of movements, and a tremor of a coarse oscillatory type suggestive, though not always quite characteristic, of the pill-rolling tremor of paralysis agitans; (2) Wilson's syndrome of extreme spasticity of the limbs with involuntary

smiling, indicating lenticular degeneration. (3) Choreoform types simulating a Sydenham's chorea, which may be limited to one-half of the body, are frequently seen. (4) An involvement of the internal capsule or of either the pyramidal tract or lemnisci will result in hemiplegias, monoplegias, hemianesthesias or hyperaesthesias: rarely a hemanopsia has been observed.

Mid-brain lesions are by far the most important and may involve any of the oculomotor nerves, paresis or paralysis of the third, fourth and sixth nerves being seen either singly or in combination. Diplopia and ptosis of the lids are therefore one of the cardinal symptoms of the disease. Interesting changes are seen in the pupils; they may be unequal, irregular, and react sluggishly, or are fixed to light and accommodation. In no other disease than cerebrospinal lues is this condition so frequently found. A typical Argyll-Robertson pupil, however, is very rarely seen.

When the disease affects the pontine and bulbar region the syndrome is like that of a polioencephalitis inferior acuta. Trigeminal neuralgia, perhaps with herpes, indicates a gasserian ganglion involvement. A bilateral or unilateral facial paresis may be present, but this must be differentiated from the parkinsonian mask. Facial twitchings are often seen. The eighth and eleventh nerves have not been affected in my experience, but dysarthrias (voice), dysphagias (swallowing), and extreme tachycardia were noted late in the disease, indicating ninth and tenth nerve lesions. A thickness, slurring of the speech, deviation or hemiatrophy of the tongue frequently occur and are evidence of lesions of the hypoglossal. Convulsions have been seen, either of the grand mal or Jacksonian variety.

The occurrence of symptoms of cerebellar involvement in the disease is most common in children and is evidenced by acute ataxias, asynergy, hypotonicity, and nystagmus.

Our first conception of this disease was essentially a cerebral one, but during the past winter we have observed frequent evidence of the involvement of the spinal cord. I should like to place particular stress upon the cases showing symptoms of posterior root disease. These radicular types which I have reported elsewhere are seldom recognized and are characterized by spasmodic twitchings, hyperesthesia, paresthesia, and severe lancinating radicular pain. This may occur in isolated areas such as the face, abdominal muscles, or arm, or it may

progress in a descending fashion from the highest cervical to the lowest sacral segment. Carnot and Gardin have reported an ascending myoclonic form. Herpes zoster has also been noted (Tilney and Riley). Localizing symptoms in the brain may or may not accompany this type.

Involvement of the anterior horn will result in a clinical picture simulating an acute muscular atrophy in the cervical region. This is rarely seen, as are those types showing signs of a transverse myelitis with marked sensory impairment below the level of the lesion in the cord.

The relative infrequency of evidences of meningeal inflammation is noteworthy and is shown by the lack of headache, the rarity of stiff neck and Kernig's sign, and the low cell count in the spinal fluid. In this connection I will mention also the rarity of choked disc. It is sometimes seen, though, and when pappiloedema occurs along with localizing symptoms of a cerebellar brain stem, or cortical lesion, it is most confusing for diagnosis, and only the presence of an epidemic saves the patient from a decompressive operation for brain tumor.

Sphincter involvement is not usually seen until late in the course of the disease and accompanies an increasing coma.

Before closing the discussion of symptomatology, I should like to lay emphasis upon the marked asthenia, the low blood pressure, and the brachycardia which occur in these patients as the disease advances toward convalescence. This is an evidence of a vagotonic adrenal complex, a hypoadrenalemia, from the toxic effect upon the suprarenal glands.

CLINICAL PATHOLOGY.

The condition of the spinal fluid has been one upon which little stress has been laid. Probably about 70 to 75 per cent. of the cases will show pathological changes of some variety. The fluid is clear, and no film forms on standing. The cell counts in my experience have varied from zero to as high as 250, the usual range being from ten to seventy. An increase of globulin is observed in a greater percentage of cases than an increased cell count. Wassermann reactions have been uniformly negative, but the colloidal gold has in many cases shown curves which are identical with either that of paresis or with that of cerebrospinal lues. The most frequent curve encountered would be represented by 1 1 1 2 1 1 0 0 0 0, or the so-called "irritation" curve.

In a recent paper C. Dopter has presented some interesting figures upon the increased sugar content of the spinal fluid in encephalitis. This is a fact of considerable importance and may prove to be a differential point of value in diagnosis.

The blood may show a slight leucocytosis and a polynucleosis. One observer has noted an increase in the non-protein nitrogen, but otherwise the blood chemistry has been little studied.

The urine does not show evidence of any characteristic changes other than the usual febrile urine.

Course and Prognosis.

The tendency in the disease is towards chronicity, the majority of the cases extending over several weeks to months. A fatal termination may, however, occur within twenty-four hours or not until after eight or nine weeks. As the epidemic becomes more and more past history the chronic lesions are becoming a matter of greater concern to those of us who have given hopeful prognoses. Certain of the manifestations of the disease have a special tendency to become chronic. These are the parkinsonian, psychotic, and a few of the oculomotor disturbances. The mild types are apt to have a short and uninterrupted convalescence, while the rapid and more severe types tend to relapse to chronicity. The prognosis for life in encephalitis is good. Recoveries occur in from 65 to 90 per cent. of the cases varying with different reports. The prognosis in children seems to be better than in adults, and one author (Dr. Hunt) notes that in cases with spinal fluid in which a cell count is very low or very high the outlook is unfavorable, while intermediate counts of 40 to 60 offer a better prognosis.

DIFFERENTIAL DIAGNOSIS.

There are four diseases which epidemic encephalitis tends most to simulate, botulism, poliomyelitis, tuberculous meningitis and brain tumor. The English observers in 1918 considered encephalitis to be an epidemic of botulism. In many characteristics, especially the ophthalmoplegia, they are similar, but we now are able to differentiate them. The absence of acute gastrointestinal disturbances is of importance in differentiation, and the absence of an epidemic.

Poliomyelitis differs from epidemic encephalitis because it occurs mostly in children and in the summer time. Flaccid palsies are rare in encephalitis, and the extreme acuteness of both the cerebral and spinal forms of poliomyelitis is seldom found in encephalitis.

We find differentiation from tuberculous meningitis often fraught with the greatest difficulty. The chronicity of tuberculous meningitis, the marked meningeal irritation, the increased tension of the spinal fluid, and lastly the presence of the tubercle bacillus will help us to a correct diagnosis. From the clinical aspect alone it is often impossible.

A certain few cases will in every particular simulate a brain tumor, as I have already mentioned, showing choked-disc papillo-edema, vomiting, headache, and localizing signs. I well remember a patient who was seen in January by the best consultant in internal medicine and two leading neurologists of New York, and who was diagnosed a frontal lobe tumor, in whom complete and permanent recovery occurred.

Still another disease which may simulate encephalitis is cerebrospinal lues. However, here the serology of blood and spinal fluid will easily clear the diagnosis. Multiple sclerosis must be differentiated by its chronicity.

Still other diseases which may more rarely confuse the differential diagnosis are typhoid fever, uremia, paralysis agitans, Syndenham's chorea, the delirium of acute infectious diseases, hysteria, and the various psychoses which it may simulate.

TREATMENT.

The treatment of encephalitis is entirely symptomatic, for as yet no specific remedy has been found. During the acute febrile stage the patient should be in bed on a fluid diet. Elimination is of importance, fluid being forced by mouth and by rectum if necessary. Colon irrigations have been advocated. Should the fever be high, cold sponges may be used to bring it down and also allay restlessness. For the insomnia and delirium medinal or eronal and bromides or paraldehyde may be given. For the severe hyperesthesia and radicular pains the cold tar drugs help, but codeine and morphine are usually necessary.

Hexamethylamine is frequently given because of its supposed bactericidal effect on the cerebrospinal system. A method of approach upon which A. Netter lays emphasis is the production of a fixation abscess by the injection of 1 c. c. of turpentine, the improvement resulting being obtained from a stimulating action on those organs which provide the natural means of defense. This theory is not yet an ac-

cepted fact. The intraspinal injection of convalescents' serum is a procedure which has been attempted, but so far anti-bodies for the virus of encephalitis have not yet been demonstrated in the blood. Further effort promises more specific results with this therapy than along any other line. Repeated spinal punctures, as in other types of cerebrospinal disease, have also been found to have a beneficial result from their drainage effect.

The convalescence for encephalitis is apt to be prolonged. A partial rest cure must be prescribed for the patient, and the marked asthenia which I have mentioned should be combatted with suprarenal gland Gr. 1-5 t. i. d. General hygiene must be excellent to bring about the most rapid recovery.

For the residual paralyses and contractures massage and galvanic electricity will give the most comfort to the patient and the best functional result.

In conclusion, therefore, epidemic encephalitis is a generalized infection with a predilection for the central nervous system. The pathology is made up of perivascular infiltration, hemorrhages and areas of edema. The symptoms, from the nature of their distribution, may be numerous and varied, the most usual being diplopia, lethargy or delirium, fever, mask-like face, tremors of various types and cranial nerve palsies. There are several described types of the disease, but the clinical syndrome depends upon the localization in the nervous system. There is no specific treatment. The diagnosis is all important and the condition should be regarded as one which is multiple in its pathological and clinical manifestations of central nervous involvement.

THE TREATMENT OF CUTANEOUS BURNS.

By EDWARD H. RISLEY, M. D., Waterville, Me.

This is a subject about which there is a very evident need for further study and enlightenment. Little information of value can be obtained from the literature which contains only fragmentary reports of scattered individual cases but no comprehensive treatise on the subject as a whole. Text-book chapters are meagre and out of date and have followed a blind routine of teaching for many years back. Up until recently the subject had received more neglect than attention.

In order that advances may be made in the treatment of almost any class of cases it is essential that large numbers of cases be studied simultaneously, and that full supervision be given the observer over all cases during their period of observation and treatment.

Starting in 1912, two years before the war broke out, an intensive study of this subject was undertaken by the author at the Massachusetts General Hospital, where all burned cases were put under his care and supervision for a period of five years. As a result of this study certain facts of value in the treatment of these cases have been worked out. The faults of our past methods have been to some extent eliminated, a clearer idea of the needs of the burned patient has been obtained, and a definite rationale of treatment has been developed and considerable improvement in results obtained. Co-incident with this work the war came, and its diabolical methods of gas and fire-fighting brought the subject of the treatment of burns into prominence. A long neglected subject was revived and attention directed to new methods of treatment, but largely by articles appearing in the lay press.

So far as I know there exists to-day only two treatises of any value on this important subject. Pfeiffer's purely experimental work and McLeod's Oxford Primer, an excellent hand book mainly of descriptive pathology and of the effects of electricity, lightning and X-ray.

In the past it has been painfully evident that there has been a great lack of real interest taken in the burned case. This is true in our hospitals, and even in private practice the tedious dressing is soon left to the nurse in charge, and, after the patient is out of immediate danger, little attention is paid to the details of the care of the burned area itself. In this way the whole point in the solution of obtaining a quick recovery

is missed. Lack of proper appreciation of details is largely responsible for poor results.

The subject is a broad one and success in treatment requires appreciation of the many phases of the problem, most important of which is the recognition at the onset that we have primarily a patient suffering from shock, and later from toxic absorption, to care for, and that the application of a dressing to this patient's burned area is of secondary importance in comparison. Failure to appreciate this fact has led to many unnecessary deaths.

The burned case is always a trying one to care for. The utmost patience and watchfulness is required. Lack of system in treatment, failure to appreciate the importance of the proper kind of dressing to apply to the burned area are reasons for prolonged confinement in bed and economic loss. Failure to appreciate that a large percentage of deformity is preventable, through early and proper treatment of contractures, is further responsible for additional economic loss and often permanent disfigurement and disability.

Recent experience has demonstrated that much can be done for the apparently hopeless case. Many lives can be saved by proper care and attention to detail. The danger of sepsis and complications can practically be eliminated, contractures can largely be prevented, and the period of disability can be greatly shortened if one follows certain well-proven lines of treatment.

From the point of view of the pathology the effects of thermal injury are both local and systemic, and are often of a complicated nature. A true toxemia is undoubtedly produced by severe or extensive burns, due to the absorption of toxic products broken down at the site of the injury. When the burn is of a slight degree and there is little destruction of tissue the kidneys are able to eliminate the toxic material, but when the injury is great an overproduction of toxic material results in the inability of the kidneys to properly eliminate these toxic products, a true toxicosis takes place and death supervenes from toxic absorption.

The picture of the various stages of shock, septic absorption, toxemia and its effects on metabolism is a typical one and easily recognized. Upon this clinical picture a definite rationale of treatment can be built up. This has as its basis, first, the treatment of the patient himself or his shocked condition; next, detailed attention to the burned

area, and closely coupled with this definite efforts to produce an elimination of the toxic products as they form, and to assist the process of metabolism, so greatly handicapped by the trauma and destruction produced by the local injury. No hard and fast rule can, of course, be laid down which will apply to every case, but, with a few minor exceptions, a general plan of treatment can be followed, based on experience, which will in the majority of cases lead to a favorable outcome with a minimum amount of suffering and disability.

THE PROBLEM OF THE TREATMENT OF THE BURNED CASE.

The effects of thermal injury are primary and secondary. Practically the only primary effect is shock. Immediate secondary effects are toxemia, closely following on shock. This may be later followed by sepsis or other complications, such as toxic nephritis or severe gastro-intestinal symptoms simulating duodenal ulceration. Later secondary effects are those relating solely to the burned area itself and are evidenced by contractures of scar tissue and their results, deformity and disability.

The problem of the treatment of the burned patient is a broad and complicated one and divides itself, we believe, as follows:

- 1. The treatment of shock; when present.
- 2. The selection of the best form of treatment for the burned area, which sub-divides itself into:
 - (a) The kind of first dressing to use, and
 - (b) The prevention of sepsis.
- 3. The prevention and treatment of contractures.
- 4. The prevention and treatment of complications, such as toxic nephritis, pneumonia and the profound gastro-intestinal disturbances so often simulating duodenal ulcer.

THE PREVENTION AND TREATMENT OF SHOCK.

This is absolutely the first consideration and has been noticeably neglected in the past. Lack of appreciation of the fact that it is the burned patient and not the kind of dressing which should receive our first attention has been responsible for many deaths from shock which could have been prevented by the exercise of caution and better judgment of the needs of the case. Our first thought should not be to get the patient's clothes off and get a dressing on (which, however, is

generally the first thought on seeing any burned case), but it should be "How much is this patient in shock and how can it best be combated?" If we invariably follow this line of thought and procedure we will soon find that we have already lowered our primary mortality in this very fatal type of case.

No attempt should be made to move the patient until he has been relieved of his suffering by a good generous dose of morphia. If he is in marked shock he should be treated by methods best known to combat it, especially by the use of sub-pectoral salt infusion, and rectal shock enemata. Meanwhile exposed areas should be lightly covered with a warm blanket to prevent chilling, for the severely burned case in shock is always cold. If the patient received benefit from this treatment within a half hour, one of three courses is open to us.

- (A) The clothing may be carefully cut away from the whole body and the patient placed exposed to the air, with the temperature of the room elevated to about 110° by open fire or other means; the open air treatment, or
 - (B) He may be treated with some form of medicated dressing.
- 1. He may be swathed with compress cloth saturated with a solution of from 1% to 5% picric acid. This dressing is best applied in sections and held lightly in place by roller bandage. If put on in sections it can be removed piecemeal and thus add less to the patient's later discomfort or shock. This first dressing may be left on for 48 hours before being disturbed at all.
- 2. The burn, if limited in area (hand, fingers, toes, etc.), may be painted with tincture of chloride of iron and left without dressing.
 - 3. The more modern paraffin-film dressing may be used.
- (C) Should the patient not recover rapidly from his shock he should be immediately immersed in a continuous hot (90°-110°) saline or boric acid solution bath. The clothing should be cut away after the patient has been immersed and not previously, for in cases of severe burn the shock caused by the first dressing is always a serious consideration and may be fatal. This is substantiated by many case histories in the hospital records in which profound shock and death followed the first attempt at dressing. For instance, there have been many cases who are brought to the hospital in moderate shock who recover somewhat while resting on the shock table, but who, after the agony of removal of clothing, or the application of the first dressing,

die an hour or so later with distinct signs of recurrent or delayed shock. We feel that this detail of treatment has often been overlooked and has been the actual cause of many possible avoidable deaths, therefore, the longer we can postpone the first dressing the better it will be for the patient, to whom every hour is of advantage in recovering from his primary shock.

After clothing has been removed,—and this is greatly facilitated by the water, and clean water added,—the patient is suspended in the bath by means of a sheet hung on a frame with a pillow rest for the head. A slit, like that in the ordinary laboratory sheet, will allow of the use of the bedpan after drawing off the water temporarily. During this whole procedure the room should be kept super-heated and a blanket spread over the tub to prevent evaporation, care being taken to allow some ventilation in order not to produce the effect of a turkish bath. Regardless of time, the patient should be kept in this bath until he has fully recovered from his shock, and he should be reimmersed immediately should he, on removal, show signs of recurring shock. While in this bath it will be found necessary to keep the patient well under the influence of morphia in order to insure freedom from restlessness and quiet and less difficulty in controlling the patient. During the first four or five days of practically any form of treatment of the severe burned case sufficient morphia to keep the patient comfortable and quiet is essential.

This salt solution bath is of great benefit, not only to the patient's general condition, but also furnishes nutrition to the devitalized cells that cannot be reached by the blood current now shut off by the thrombosis, produced by the heat of the burn, which occludes much of the superficial capillary circulation; and it is essential to save the life of every cell, especially epithelial cells, which later are the regenerators of true skin. This bath has been found of great, even life-saving, value in the later or granulating stage of extensive burns, when dressing cannot be borne and the patient is in an exhausted condition, especially in children. The lives of many children or even older patients, worn out by the long-continued dressings of a deep, sluggishly, granulating area such as often occur on the chest or abdomen and which are large in extent, have been saved by a twenty-four to forty-eight hour immersion in the continuous bath. Cases in which skin grafts have failed previously are so much improved in general condition and so much

vitality is added to the sluggish area that grafts will immediately take and the area gradually close in. This has been a fairly common and most encouraging experience in many of our cases after weeks of discouragement and failure to gain under any other form of treatment. Such treatment is to be highly recommended.

Our prime consideration, therefore, is the prevention and treatment of shock. This is done by prolonging as long as possible and minimizing as much as possible the trauma of the first dressing, by warmth, by plenty of morphia, by flooding the system with fluids (by mouth, by rectum, and perhaps by the saline bath), and by the use of medicinal stimulation if necessary. This is our first duty, and is a thing which the writer knows from personal experience has not secured the careful attention in the past that it should receive. The burned case comes to us in shock which is both psychic and physical. If we hasten to get some sort of dressing on to his local injury instead of first treating his psychic shock by the beneficent influence of morphia, and his physical shock by this and other well recognized means, we miss the whole point in the solution of this problem and add greatly to his already devitalized condition and increase his chances of death rather than of recovery. Too much stress cannot be laid on this very vital but often lightly considered part of the problem of the care of burned cases.

And right here emphasis should be laid on the fact that the home is no place in which to treat the severely burned case. Such a patient needs all the available facilities for treatment obtainable only in a well-regulated hospital. Special nursing, constant care, every available medicinal agent and all the helps to caring for a desperately sick case should be immediately at hand. This fact is too often not appreciated by either the general practitioner or the layman, and many cases which the doctor tries to treat in the home die while they probably would have been saved had they been transferred at once to a proper institution.

Now if we have successfully combatted the primary shock and have started the process of elimination in the treatment of the beginning toxemia, we are in a position, for the first time since seeing our patient, to turn to the second phase of our problems, namely, the selection of the best form of local treatment, which is so closely related to the problem of the prevention of sepsis.

It has seemed likely, from observation of the progress and results

obtained by the older methods, that the kind of first dressing used was probably largely responsible for the development or non-development of sepsis, and also had much to do with the duration of disability and possibly with the amount of contracture. From our study we are firmly convinced that all oily dressings, such as carron oil, boric ungt. or vaseline, etc., should not only be avoided but should be absolutely contraindicated. There is nothing in favor of an oily dressing except that it produces a fairly painless first dressing. The objection is that it is, as a rule, not sterile, and, because it macerates the part and keeps the discharge in contact with the wound, it prevents proper drainage and hence invites infection. As opposed to oily dressings, a lotion like picric acid is advocated by the majority of men treating large numbers of burns in large collieries, oil works, or on board battleships. This dressing can be sterilized, it allows the absorption of the discharge by the dressing—and this prevents to some extent constitutional symptoms-and the first dressing can safely be left on forty-eight hours in severely burned cases with shock, which is a point of great advantage. And since we have witnessed the clean, dry, comfortable surface obtained by a picric acid dressing and have been able to demonstrate that such a dressing produces healing in from seven to fourteen days less time than is required with ointments, we no longer use the oily preparations.

From a comparison of results obtained in a series of several hundred cases, many of them treated side by side by different methods for the sake of determining the end results, the relative value of the different methods employed were determined to be about as follows:

- 1. For all extensive burns, not so greatly shocked as to require the continuous bath, the open air treatment was found vastly superior to *any* treatment in which *any* kind of dressing is applied. Cases so treated recover more quickly from shock, suffer less pain and do better than cases receiving *any* kind of dressing.
- 2. Picric acid is by far the best medicinal agent to apply, especially in burns of the extremities.
- 3. The modern paraffin film is, in practically all but the extensive burns, an ideal and perhaps *the* ideal form of treatment.

Now let us take up more in detail the method of use of the various forms of treatment.

The routine treatment of a severely burned case under open air

should be carried out according to the following plan: The patient should be covered up warmly, given morphia enough to make comfortable and salt solution by rectum and possibly hypodermically. If in a hospital the patient should be left on the shock table until fully recovered from shock before being moved to the previously prepared private room. This room should be a small one with open fireplace heated to and left at 100 to 110° F. The bed should be covered with a sterile sheet over which is sprinkled fine sterile boric or stearate of zinc powder. When ready, the patient, whose clothes have previously, while on the shock table, been CUT from the entire body, is placed naked on the bed, being protected from possible draughts from the door or window by properly placed screens. The morphia, forcing of fluids, and dram doses of soda bicarbonate are continued at stated intervals for the first three or four days. As they form, all blebs are pricked near their bases and three times a day the skin immediately surrounding the burned area cleaned with alcohol. As the crusts form and sero-pus collects underneath, the edges of the crusts are elevated or the tough eschar incised so as to allow of as free drainage as possible, and salt solution compresses are applied to small portions of the burned area. The whole area should not be covered with one large compress as the removal of this large dressing, which must be done about three times a day, is unnecessarily painful. Only small areas should be covered at a time. In this way the whole area is gradually cleaned up with a minimum of trauma and pain. This combination of open air and salt solution is an excellent one and after three to six days the whole area should present a clean, raw, granulating surface which can be treated (a) by pin point grafting, if it does not seem advisable yet to subject the patient to so severe a procedure as Thiersch grafting (and many patients with large burned areas would not stand further removal of skin from any part of the body), or (b) by a continuance of the compresses so long as healing continues to take place at the edges of the wound or epidermidalization is going on satisfactorily in any part of the burned area.

Treatment with picric acid is carried out as follows: A warmed, 1% solution is used. Smooth sterile compress cloth, rather than gauze, which causes too much trauma to the tender granulation, is saturated with the solution and put on in sections with roller bandages, so that small areas may be changed at a time, the skin surrounding the burned

area having previously been cleaned with alcohol and all blebs pricked near their bases. This treatment is particularly suitable for extremities and the first dressing may be safely left on for forty-eight hours before being changed.

General treatment with morphia, forced fluids, etc., should be given, as in the case treated by open air. By the end of forty-eight hours all first and second degree areas will be found dry and clean and the discharge largely absorbed by the dressing from the deeper areas. The cleanness of the wound is a marked contrast to that seen when carron oil or boric ointment is used, and the comfort of the patient is correspondingly greater. These dressings should be continued for the next three to seven days, sections of the dressing being changed every twenty-four hours, the object being to use this dressing until the danger of sepsis is over and until the greater part of the serous discharge has ceased. Resort may later be made to salt solution compresses to larger crusted areas, or in absence of these the picric acid may be continued until the area is entirely healed, making the dressing smaller each day as healing progresses. With picric acid, as with other methods, great attention should be paid to the establishment of proper drainage of all retained discharges forming under crusts or eschars.

Another drug of distinct value, and closely resembling picric acid in its action is tincture of chlorid of iron, which is an analgesic, astringent, antiseptic application, and which, like picric acid, produces a dry, clean, sterile area very readily. It should be applied only to small areas, preferably first, and mild second degree burns of cheeks, ears, fingers, toes and genitals. The drug is sopped on the burned area every half hour until a dried, coated-over surface is produced and no dressing is applied. After this, one or two applications a day will suffice until the area is healed.

THE PARAFFIN FILM OR AMBRENE METHOD.

It was originally asserted in the lay press that the French preparation "Ambrene" contained some wonderful secret medicinal agent which was responsible for the remarkable results obtained. As soon as the product was available in this country we bought some of it and had it analyzed. It was found to contain, roughly, 90 to 95% of paraffin of a good grade, about 5% of Japan beeswax, a small per cent. of resin, a little castor oil and an anilin coloring matter. The melting point was 140° F.

This is essentially the formula, with some variations, which is now used in all such preparations, whether proprietary or not. The ones we have used mostly are composed of:

Paraffin, 90% Paraffin, 96%
Beeswax, 5% and Castor Oil, 3%
Spermaceti, 5% Beeswax, 1%

No coloring matter, deoderant or disinfectant is added.

To be most effective the compound should be non-friable but pliable and somewhat adhesive, and the two above formulæ fulfill this requirement fairly well. Even the ordinary household paraffin, such as is used for sealing jelly jars or in polishing hard wood floors, may be used in an emergency and is very satisfactory.

The method of application is as follows: The burned area is cleaned up very gently, as far as possible, removing dead skin and traces of previous medication, and all blebs pricked near their bases but the cover not removed. The surrounding skin is cleaned thoroughly with alcohol and the part allowed to dry as much as possible, or drying is hastened by the use of a warm air blower. Meanwhile, the paraffin has been heated on a water bath. This is then painted or sprayed quickly over the burned area and for about two inches over the surrounding healthy skin. Theoretically, the spray is the best, because it does not injure the delicate granulations present and can be blown into and fills up every minute depression of the injured surface. but practically, the gentle application with a flat camel's-hair brush about 11 inches wide does not harm the injured tissues. If applied gently and quickly at this heat a thin, smooth film is formed over the burned area, which makes a firm, air-tight dressing. A piece of sheet wadding, a little larger than the burned area, is then peeled apart so that a very thin layer only is left and this is laid over the area and a second coat of paraffin painted quickly over this. The part is placed on a splint to immobilize and prevent cracking of the paraffin film. It may be further covered with a bandage. This dressing must be changed at the end of twenty-four hours. Generally enough serum or discharge collects to "float" the paraffin coating to some extent. It lifts off easily, and generally intact, as it practically never sticks to the burned part. The area is now washed gently with warm boric solution, dried with a blower, and the preparation reapplied as before, repeating each twenty-four hours until the area is healed.

The first question that naturally arises is, "Isn't this substance, put on at 140°, painful?" The author can testify, from some limited burns made on his own person to test this point, that the application can be said to be but momentarily painful. A rather uncomfortable sense of extreme heat is produced at the very first moment of application, but the very minute the first coating is on this sensation quickly subsides and gives place to one of rather soothing comfort. There is a slight feeling of constriction or adhesiveness for the first few hours after the dressing is first applied, but after that no particular sensation is noticed. Patients who have had more extensive burns treated give evidence of the comfort of the dressing, but do not allow that the first application of the hot wax is absolutely without temporary discomfort. It is not a painful dressing, and its removal is absolutely without discomfort of any kind. It certainly is remarkably painless in comparison with any of our older forms of dressing.

The second question which I think would naturally arise is, "Why does not such a dressing give a favorable chance for bacterial growth?" The answer is simply that it does not. A distinct odor is generally given off at the time of removal of the coating, but this has a stale, musty sort of odor more than a putrefactive odor. None of the cases of burns of limited extent, i. e., hands, feet, arms, etc., in our series has showed the slightest signs of sepsis.

The length of time necessary for complete healing is another important point. Our first four ambrene or ambrene substitute cases were first and second degree cases and healed up in nine, twelve, eight and fourteen days respectively. Case 1 had enormous blebs and did not look as if it would be healed for weeks, and yet at the end of nine days presented a smooth, soft, pink scar and no scabs. The resulting scar is noticeable for its softness, smoothness and pliability. It never has scabs and does not seem to crack and bleed as readily as burned areas under other forms of treatment.

It may now be asked, "What is the reason for the apparently favorable results obtainable by this preparation? Is it chemical or mechanical?" It certainly is not chemical in any sense that original ambrene has some secret constituent which renders it superior to any paraffin substitute, for, so far as we could determine, the substitute cases do exactly as well as the ambrene cases, heal as quickly, are as comfortable, do not become septic, and leave just as smooth a scar. The effect of

this preparation, therefore, must be purely mechanical in its action. It seems probable that this mechanical action is favorable, first, because it immobilizes the affected area; second, it is a sterile dressing; third, it makes an airtight sealed dressing, which may possibly be the reason why it does not favor bacterial growth, and fourth, by its close adhesion to the part favors ingrowth of granulations while it discourages upgrowth or heaping up of granulation tissue, to some extent like adhesive plaster on the sluggish granulations of a varicose ulcer; or it may act as a supporting framework for new granulations. I have a feeling that the very soft, smooth scar may be due in a large measure to the contact with the paraffin, and, of course, to the absence of sepsis.

We may now reasonably ask what is the place of the paraffin film in the treatment of burns and is it an advance over other forms of treatment? I think it can be stated, without exaggeration, that the paraffin film method is a distinct advance over older methods for the reasons that it is practically a painless dressing (and this is certainly more than can be said of any other dressing ever used on a burned case). It is practically always available, it does not favor infection, it leaves a soft, smooth scar, and burns under it heal with greater rapidity than with other forms of treatment. It is particularly applicable to burns of the face, also to burns of limited degree of the body, extremities or hands. It probably should not be used instead of open air in extensive burns of the body.

Thus we have, after recovery from shock, three distinct, well tried-out and valuable forms of treatment to apply to the burned area, open air, picric acid or tincture of chlorid of iron, and the paraffin film. Our selection should depend on two factors, (a) Type of case and (b) Availability of material.

Probably no definite rules should be laid down, but experience teaches that cases can be grouped about as follows:

In all extensive burns of any degree, first, second or third, use open air, or the continuous bath if badly shocked.

In second degree burns of limited area on the body, or for the extremities, use picric acid.

In superficial burns of rather limited extent, except on the face, tincture of chlorid of iron, or for all burns, except the extensive and deep ones on the body, and especially for burns of the face. the paraffin film may be used to advantage.

If oily substances, such as carron oil and boric ungt., are avoided and one of the above methods used, results will be uniformly good.

THE PREVENTION OF SEPSIS.

This depends fundamentally on the kind of first dressing used. Burned areas are presumably at first sterile, due to the action of the heat, but they are immediately contaminated by the first covering of dirty clothing or possibly by the first oily dressing. There should be no sepsis in cases treated by either open air, picric, tincture of chlorid of iron, or the paraffin film. Every burned area contains numerous bacteria, but these are mostly saprophitic, which do not cause real sepsis. It is only when the wound or the tissue immediately surrounding it are invaded by virulent bacteria that we get a real sepsis.

Efforts to combat sepsis are the following: Bi-daily cleansing of the skin immediately surrounding the burn with alcohol, thus keeping the surrounding field as free from invading bacteria as possible. As soon as any area has crusted over and sero-purulent material tries to escape the eschar should be incised or raised in order to allow free drainage of this material, and the cleansing of the skin is continued. Free drainage is as important in the burned cases as in other localized sepsis. To be successful this must be done almost continuously, a special nurse should be employed, for it is only by effecting *constant* drainage of the rapidly collecting discharge that toxic absorption can be avoided, the temperature kept down, and sepsis prevented. Such cases require great patience and diligence, but the results obtained are worth all the extra labor expended.

Thus if we treat our patient in such a way as to minimize primary shock, apply a dressing which relieves pain and is in itself aseptic, and prevent sepsis as far as we are able by means which will not harm already devitalized tissue, we are well on the road to a higher percentage of recoveries and have our patient in a better condition in which to deal with contractures and perform early skin grafting, thereby shortening the convalescence to a noticeable degree.

THE PREVENTION OF CONTRACTURE.

This depends on two factors, (a) The prevention of sepsis; (b) Early mobilization of the affected part.

It is not true, as commonly supposed, that every, or nearly every

case, in which a burn involves skin folds, such as the axilla, popliteal space, elbow, etc., should necessarily be followed by a contracture of this part. It will follow if we allow the wound to become infected, because infection produces tougher scar tissue, and also prevents carrying out of early mobilization. This, to be effective, must be done at the very onset, before granulation begins, and can be accomplished in various ways. For extremities, splints, plaster molds, and many of the newer fracture suspension devices are of greatest assistance.* Daily massage of the skin surrounding the burned area, with passive motion, should be used as soon as the danger of sepsis is over and the case is doing well. In this way, by massage to soften the surrounding parts, by splints to keep apart opposing surfaces, and by early passive motion, nearly 75% of contractures can be avoided. This, too, is a tedious and painstaking job, but the results are often truly remarkable.

SUMMARY.

The subject is a broad one and probably needs much further investigation.

A careful review and consideration of the evidence at hand in the study of cases of severe burns would lead us to the following general conclusions:

- 1. The three most important factors in the treatment of burned cases are: (a) Prevention and treatment of shock; (b) Prevention of sepsis; (c) Prevention and treatment of contracture.
- 2. The treatment of shock is by far the most important consideration and is often best combated by continuous immersion in the hot saline bath or the open air treatment.
- 3. Many deaths have been caused by ill-advised attempts at a first dressing.
- 4. The form of first dressing is largely responsible for subsequent sepsis. Oily dressings should be avoided. Cleansing of the skin surrounding the burned area with alcohol aids in preventing sepsis. Constant drainage of discharges is essential.
- 5. The open air treatment is far superior to that in which any form of dressing is used.

^{*}Orthopedic vertebræ, head brace for neck or chin cases, wing splint or tying hand to head of bed for the axilæ, post, plaster gutters for end of elbow or anterior gutter for popliteal cases, the triangular frame for groins in children, etc.

- 6. Either picric or tincture of chlorid of iron are by far the best forms of medicated dressing.
- 7. Contractures can be prevented in 75% of cases formerly contracting by the early use of properly adjusted splints and by early passive motion and massage.
- 8. Prognosis in all shocked cases is bad. The extent of the burned area does not always determine the prognosis. The age and general previous condition of the patient is of greater prognostic value than the extent of the burn, the very young or very old or debilitated succumbing at times to very trivial burns. Robust subjects with burns covering eight to ten feet often recover.
- 9. The cause of the toxemia and resultant suppression of kidney function and allied phenomena is due to the sudden absorption of the disintegrated proteid substances broken down by the great destruction of various tissue elements involved in the burned area; a true toxemia is present.
- 27 College Ave., Waterville, Maine.

JOURNAL OF MAINE MEDICAL ASSOCIATION

Editorial Staff.

DR. JAMES A. SPALDING, Portland. DR. BERTRAM L. BRYANT, Bangor. DR. F. C. TYSON, Augusta.

DR. A. S. THAYER, Portland.

DR. C. J. HEDIN, Bangor.

DR. L. D. BRISTOL, Augusta. DR. T. E. HARDY, Waterville.

DR. FRANK Y. GILBERT, MANAGING EDITOR, 148 Park St., Portland.

County Editors.

DR. S. E. SAWYER, Lewiston. DR. F. E. BENNETT, Presque Isle. DR. HAROLD J. EVERETT, Portland. DR. G. L. PRATT, Farmington. DR. A. L. JONES, Old Orchard.

DR. S. J. BEACH, Augusta.

DR. D. M. STEWART, South Paris. DR. H. D. McNeil, Bangor. DR. C. C. HALL. Foxcroft. DR. R. C. HANNIGEN, Bath. DR. H. W. SMITH, Norridgewock.

DR. G. A. NEAL, Southwest Harbor. DR. F. H. WEBSTER, Rockland.

Editorial Comment.

MEMBERSHIP DRIVE.

The first move in a drive for members was made at the meeting of the Secretaries of the County Societies in Bangor, October 14th. It has always been difficult to convince physicians living away from meeting places of a positive value in membership in their County Society and State Association.

The adoption of a medical defense plan, under the leadership of Dr. James A. Spalding, at the June session, with the appointment of a Defense Committee, that immediately began functioning, with the result that they have already secured the services of competent attornevs and effected the settlement of one case and have some pending, should make one realize that here lies a big value in membership.

Threatened suits for blackmail should stop, and only complete organization of the medical profession can accomplish this. Every physician who is eligible to membership in the County Society should be induced to join. Make the County meetings attractive as well as instructive.

The Program Committee for the State Association has already blocked out an attractive program for the June session in Bangor, and we all know that the live Penobscot County Medical Society will give us a grand good time.

In this drive for new members show them that you have a good live County Society, and you want their co-operation in keeping it so. Show them that the Defense Committee and their attorneys are ready at any and all times to take up any threatened suit for malpractice, through the Secretary. Dr. B. L. Bryant, and that the matter can be left wholly in their hands and at no expense to the individual member for attorney's fees and cost of court proceedings. Convince them that they should attend the State meeting, not only for the literary part of it, but to renew old acquaintance and for the good fellowship which should always exist.

Finally, the JOURNAL has passed its first decade in its effort to give a definite value in the consideration of membership values. If it has failed in various ways we would like to know. We want the new members and their co-operation, as we want the JOURNAL to give the greatest value to the members.

Now, in strict confidence, the officers of the Maine Medical Association, of the Journal, of the Defense Committee and the County Societies are broad minded enough to welcome all healthy, constructive criticism, as this is the only way to advance. Therefore in this drive, when you meet a physician who has a grievance against the Association, if some part of it you cannot satisfy, report it to the County or State Secretary who may be able to overcome his objections.

This year our membership has a real and tangible value, and as much more as we individually will put into it. Let us all get together and make it worth while.

CANCER CONTROL.

From the not only relative but actually proven increase in the yearly death rate from malignant disease, now only second to that from tuberculosis and the infantile diseases, the need of an active campaign to assist in cancer control is very evident. Praiseworthy work has already been done in starting a nation-wide educational campaign by the American Society for Control of Cancer, but much more remains to be done, especially to overcome the deep-rooted superstition regarding this disease, and to carry the knowledge of the real facts about cancer to the laity, especially in the remote rural districts of the State.

A vigorous campaign of education in regard to the essential facts about malignant disease is being waged by the Maine Public Health Association this year. This campaign is for the benefit of both the physician and the laymen, but it can be successfully carried out only by the interested co-operation of every physician in the State. It is hoped that this will be generously given. It is necessary to make this campaign as vigorous as that against tuberculosis in order to accomplish results.

A brief outline of the Maine Public Health Association's campaign will serve to indicate the lines along which it is proposed to work. It is hoped that medical men will signify their interest and willingness to help by answering promptly the preliminary letter now being sent out to every physician in the State. This letter is to serve as a preliminary announcement of the campaign. In addition, the Secretaries of each County Medical Society are requested to provide one paper at least during the year on some phase of the cancer problem. The literature of the American Society for Control of Cancer will be sent to all physicians of the State in the near future, and later in the season the excellent pamplet of the American Society's committee on "What We Know About Cancer" will be distributed. Each county is to have one or more physicians who will act as a central bureau for information, distribution of literature, and the giving of lectures for that community. Lectures will be provided for nurses in all public and private hospitals, for school teachers, lay social organizations, and churches. The graduating classes of all medical schools in the State will be provided with cancer literature and a cancer clinic will be held in August at the State Sanatorium at Fairfield. This, in brief, is an outline of the work. The earnest co-operation of every physician is desired.

It is hoped by a proper distribution of carefully edited literature and by informal lectures on the general subject of malignancy to at least lay a foundation of knowledge in regard to the essential facts regarding cancer which shall be a material help in the further efforts of the Association.

It is desired to here call attention to the facilities for free pathological diagnosis offered by the State Department of Health laboratory and to the excellent co-operation of this department as a whole. It is proposed to present a more detailed account of the activities and value of this laboratory work in connection with cancer work later on.

We sincerely hope that this campaign will receive the interest and

support of every physician in the State. It is only by united effort that we shall succeed.

Maine Public Health Association, Edw. H. Risley, Chairman Cancer Division.

BRITISH PROFITEERING IN LENSES.

The JOURNAL does not want to say too much about eye or ear or special cases, but the following items from foreign sources seem to us well worth mentioning because they touch upon local affairs in a good many ways.

It is well known that many opticians everywhere are demanding excessive prices for so-called kryptok lenses, but we have not read of a more extraordinary instance of this sort than lately occurred in Manchester, England. A man consulted an optician and ordered kryptok lenses. When done, he was asked to pay six guineas, or about thirty dollars in our money. He paid the bill, then went to other opticians and found that the average charge was twenty dollars. He complained of the excess charges to a profiteering city committee, who ordered the optician to refund said ten dollars. The optician demurred and asked for an appeal, which was finally dismissed, and the optician was fined \$250 for profiteering, and \$150 for costs of court. During the trial and appeal the testimony showed that the establishment, advertised as the finest in Old England, was run by three girls, a grinder and the manager, who had never been examined for fitness by anybody. We print the instance without much comment, and only enough to add that many lenses are overrated and overcharged and that it is always best to make some agreement before ordering. We are glad that establishments like that are rare with us, for most of the managers under the laws at present ruling in most States have to be examined for fitness.

IMPROVEMENT IN HOSPITAL SERVICE.

Every State Medical Association in the United States has its part in the present universal movement for the betterment of hospital service. Every association now has its own committee which is studying the hospital situation in its State in co-operation with the Council on Medical Education of the American Medical Association. The Council has obtained, through reports, correspondence, and other methods, data

relative to all hospitals in the country and each State Committee has been supplied with the data relating to the institutions in its State. Through their closer familiarity with the hospitals, or by inspections the State Committee is in excellent position to verify these data and to make a reliable report to their State Association and to the Council.

For convenience, and in order to secure uniformity of reports from the forty-eight committees regarding the relative efficiency of hospitals, blanks furnished by the Council call for a rating of all hospitals in classes A, B and C, grouped also according to the special class of patients cared for. This rating is not for publication, but will aid the Council in the preparation of a list of hospitals which are considered worthy of approval. These lists are subject to frequent revision, so that names of other hospitals can be included as soon as sufficient improvements are made to warrant their being approved. State Committees are urged to promptly report to the Council any instances where such improvements have been made.

The purpose of the work is to aid the hospitals in providing for their patients the best possible service and in no way to injure those which are honestly endeavoring to provide such service. Toward this end, every possible assistance will be given to individual hospitals by the Council or by the local State Committee in establishing such changes as will make them worthy of approval.

Forty-two State Committees have reported progress in connection with the latest survey and thirty-four have turned in reports regarding hospitals inspected and graded, which have more than half the entire bed capacity of all general hospitals in the country. Meanwhile this work of the Council is not conflicting with nor duplicating the splendid work being done by the American College of Surgeons, the Catholic Hospital Association, the American Hospital Association or other agencies. In fact, the work of each agency is evidently complementing that of the others.

At the New Orleans meeting, recently, the House of Delegates of the American Medical Association registered an intense interest in the improvement of hospital service and authorized the trustees to generously provide for that work. This work has been so intimately related to that of the Council on Medical Education that the name of this Council was changed to the "Council on Medical Education and Hospitals."

In brief, further enlargement of hospital work by the American Medical Association is assured, and in this work each State is destined to have an important part. Toward this end each association is urged to make its hospital committee permanent and to retain on it those who will not only be active, but who also can do the work in the most efficient and unbiased manner. Hospitals, at present, form the closest link between the medical profession and the public, and the medical profession should do all it can to aid the hospitals to provide the very best service possible.

ONE-EYED MOTOR DRIVERS.

In connection with one-eyed motor drivers the occurrence of various serious accidents, due to lack of judgment of distances by one-eyed motor car drivers, has brought to the fore this important question in France. It is the general opinion of skilled ophthalmologists that from this time onward all licenses to drivers of motor cars should demand careful examination of the facts, whether or not the applicant possessed two useful eyes and a useful field of vision on both sides, so as to judge distances and avoid killing people, passengers as well as pedestrians.

J. A. S.

No. 635.

UNITED STATES CIVIL SERVICE EXAMINATION. ANESTHETIST.

Receipt of Applications to Close December 7, 1920.

The United States Civil Service Commission announces an open competitive examination for anesthetist. A vacancy in Freedmen's Hospital, Washington, D. C., at \$1,200 a year, plus increase granted by Congress of \$20 a month, with board, and vacancies in positions requiring similar qualifications at this or higher or lower salaries, will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

Freedmen's Hospital is a hospital for the treatment of colored patients.

The kitchen is the most important room in the house from a health standpoint, says the United States Public Health Service. Keep everything about it and everyone in it scrupulously clean.

County News and Notes.

PENOBSCOT. PENOBSCOT COUNTY MEDICAL ASSOCIATION. SECRETARIES' MEETING.

The first meeting of County Secretaries, together with the Councilors and Scientific Committee, was held in Bangor, Thursday evening, Oct. 14th. The following were present: Dr. T. E. Hardy, Waterville; Dr. B. L. Bryant, Bangor; Dr. F. Y. Gilbert, Dr. E. E. Holt, Jr., Dr. S. J. Beach, Portland; Dr. E. V. Call, Lewiston; Dr. F. H. Badger, Winthrop; Dr. Lewis Hodgkins, Ellsworth; Dr. C. H. Burgess, Bangor; Dr. Geo. A. Neal, South West Harbor; Dr. L. D. Bristol, Augusta; Dr. H. D. McNeil, Bangor; Dr. C. N. Stanhope, Dover; Dr. H. C. Hannigen, Bath; Dr. C. E. Richardson, Skowhegan; Dr. Carl H. Stevens, Belfast; Dr. H. B. Mason, Calais; Dr. R. W. Wakefield, Bar Harbor.

After dinner at the Bangor House, adjournment was made to the home of the Secretary, where the business meeting was held. A great many matters vital to the welfare of the Association were discussed. Membership was one of the chief subjects. It was decided that every County should make a drive for new members, and in so far as possible get into their Society every desirable man in their County; that the Councilor should visit every Society in his district and assist not only in this work of membership, but where it was necessary help reorganize their meetings and furnish speakers if needed. The Secretary requested that notices of every County meeting be sent to the President, the Secretary and the Councilor of that district, that they may have the privilege of attending; that a report of each meeting, including new members and officers, be reported promptly to the Secretary and to the JOURNAL for publication. It was requested that all County Secretaries keep a correct list of all non-members in their County, and keep their names and addresses on file for use not only in this drive but for future reference; that all good papers read before any meeting should be sent to the Journal for publication.

It is very desirable that Secretaries hold office for a number of

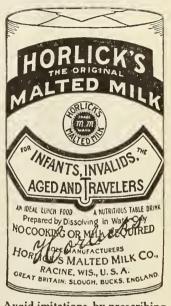
The Diet in Typhoid

and other fevers and diseases prevalent at this season

As the intestinal tract is seriously involved in Thpyoid fever, the dietetic problem is one of first consideration. A liquid diet is largely essential, in which connection "Horlick's" has important advantages, being very palatable, bland and affording the greatest nutriment with the least digestive effort.

Samples prepaid upon request

Horlick's Malted Milk Go., Racine, Wis.



Avoid imitations by prescribing "Horlick's" the Original

ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.

Boralol

NON-ALCOHOLIC ANTISEPTIC EFFECTIVE NON-TOXIC COOLING **ECONOMICAL**

TO BE DISSOLVED IN WATER

is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best

results are obtained by dissolving in hot water.

Ask For Sample - COOK, EVERETT & PENNELL, Portland, Maine, Ĭ>>>>>>>>>>>>

ACCEPTED

"The Journal" August 7, 1920

AS CONFORMING TO THE RULES OF

The Council on Pharmacy and Chemistry A. M. A.

OVARIAN RESIDUE TABLETS, H. W. & D. 50 Tablets in a Tube

STERILE SOLUTION of LUTEIN, H. W. & D. (Corpus Luteum)

In Ampules for Intramuscular Injection 6 Ampules in a Box

NOTE :- Reprints of papers by prominent gynecologists bearing on these remedies sent upon request.

HYNSON, WESTCOTT & DUNNING BALTIMORE

TRY

\$**\$\$\$**\$\$\$**\$\$**\$\$**\$**\$\$\$

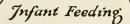
LANGTON RX OPTICAL

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

L. Langton

Manufacturing Optician 419 Boylston St. Boston, Mass.





Diet Materials

So and So's Baby—or the Doctor's—Which?

doctor, where do you come in? Wouldn't it be a great deal better if the mother said, "This is our family doctor's baby. He brought him through the trying first year without a mishap and I am sincerely grateful for all he has done."

Mead's Dextri-Maltose has contributed to a remarkable degree to the welfare of thousands of babies in whose food it has been used as a constituent, but the credit for this has gone where it belonged—to the physician prescribing this diet material The Bottle Fed Baby is the "doctor's baby" and his rightful interest in it is protected y our ethical policy

PREPARED IN THREE FORMS

No. 1 With 2% Sodium Chloride. No. 2 Unsalted. No. 3 Same as No 2, plus Potassium Carbonate 2%.

On request we will gladly send you a booklet showing how we help keep artificially fed babies under the doctor's supervision, also free samples and interesting literature.

NSVILLE.

MEAD'S DEXTRI-MALTOSE IS ADVERTISED ONLY
THE MEDICAL PROFESSION. NO FEEDING DIRECT
THE MEDICAL PROFESSION NO FEEDING DIRECT
THE MEDICAL PROFESSION OF THE PR

वाभ्य वर्ष IND. U.S.A

Oculists Prescription Work

THE SMITH-SOMES CO. **OPTICIANS**

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:

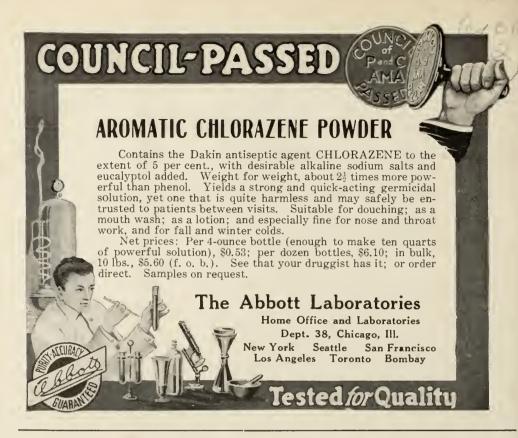
A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess



"Just What a Ligature Should Be"



Armour's Surgical Catgut Ligatures, plain and chromic, Emergency (20 in.), Regular (60 in.) lengths.

Sizes ooo to Number 4 inclusive.

Smooth, strong and sterile.

Iodized Catgut Ligatures.

Smooth, strong, sterile and very pliable, 60 inch lengths only.

Sizes oo to Number 4 inclusive.

Made from stock selected in the abattoirs especially for surgical purposes.

Pituitary Liquid (Armour) ½ c. c. (obstetrical), 1 c. c. (surgical), oxytocic and stimulant. Free from preservatives.

Endocrine Gland and Organotherapeutic Products.

Literature to pharmacists, physicians and hospitals on request.



but &

Maine Medical Association meets at Bangor, 1921

THE JOURNAL



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 5.

DECEMBER, 1920.

\$2.00 per year

CATALOGII

Secretion, Digestion, Metabolism, Expenditure of Energy

"The whole of the energy of the chemical changes is set free in the form "of heat. Even during rest changes are going on in the gland-cells, changes "which involve the taking up of food material and its assimilation."

* * * * * * *

"The act of secretion involving, as it does, the expenditure of energy, can be carried out only at the expense of chemical changes in the cell."

Starling's Physiology, p. 756

GASTRON is stored-up energy extracted directly from the stomach gland-cells—the "potencies" of the complex principles, enzymes, associated organic and inorganic constituents of the activated gastric gland secretion

GASTRON saves in the cost of digestion, particularly for the sick, where digestion sometimes comes at "too high a price."

FAIRCHILD BROS. & FOSTER NEW YORK

OFFICERS.

President—T. E. Hardy, Waterville, 1st Vice-Pres.—G. R. Campbell, Augusta, 2nd Vice-Pres.—James McFadyen, Milo. Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District,	J. F. Thompson, Portland,	Term	expire	s 1921.
Second District,	E. V. Call, Lewiston,		-6.6	
Third District,	W. E. Kershner, Bath,	6.6	6.6	1923.
Fourth District,	F. H. Badger, Winthrop,	4.6	6.6	6.6
Fifth District,	Lewis Hodgkins, Ellsworth,	6.6	4.6	1922.
Sixth District,	C. H. Burgess, Bangor,	6.6	6.6	6.6

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	L. F. Hall, Lewiston,	L. O. Roy, Lewiston.
Aroostook,	P. E. Gilbert, Ashland,	F. E. Bennett, Presque Isle.
Cumberland,	F. J. Welch, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Hancock,	A. H. Parcher, Ellsworth,	Geo. A. Neal, Southwest Harbor.
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	J. G. Hutchins, Camden,	H. W. Frohock, Rockland.
Oxford,	O. S. Pettingill, Hebron	W. T. Rowe, Rumford.
Penobscot,	Jarvis B. Woods, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxcroft.
		C. N. Stanhope, Dover, Acting.
Sagadahoc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	H. W. Smith, Norridgewock,	C. E. Richardson, Skowhegan.
Waldo,	Elmer Small, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles—		Miscellaneous—	
Goiter	145	Necrology	164
Report of a Case of Impacted Coin in		County News and Notes	166
the Oesophagus	163	Notes	172

PORTLAND SCHOOL OF LIP-READING

For the Hard-of-Hearing and Deaf Adult

MULLER-WALLE METHOD

Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS
MISS MARGARET J. WORCESTER
65 Thomas Street, • Portland, Maine

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440

BRONCHITIS

In the treatment of bronchitis, especially the bronchitis accompanying pulmonary tuberculosis, and the respiratory complications of other infectious disorders, the use of

CALCREOSE

has been attended by such good results, that many clinicians have shown it favor.

The pharmacology of CALCREOSE is the pharmacology of calcium and creosote, but unlike creosote, CALCREOSE does not cause gastric distress or irritation. Therefore when creosote action is desired without these untoward effects, CALCREOSE is an excellent form of creosote medication.

The dosage of CALCREOSE is accurately and easily regulated. Patients do not object to creosote in the form of CALCREOSE.

TABLETS

POWDER

SOLUTION

Samples and details will be sent on request

THE MALTBIE CHEMICAL COMPANY NEWARK, NEW JERSEY



The STORM ABDOMINAL SUPPORTER

Adapted to Use of Men, Women and Children and Babies FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREGNANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.







Special Kidney Belt

Washable as Underwear

No Rubber Elastic

Inguinal Hernia Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

No Whalebones

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA.



How Pride Impels Quality

There's a gratifying sensation in the pride that emanates from real accomplishment through diligent effort.

It requires more than routine manufacturing methods to inspire an organization to promote a spirit of progressiveness—in the true sense of the word. It is a self-assumed obligation to advance all existing standards for the benefit of all.

The Victor Trade Mark is recognized by the Medical Profession today, everywhere, as the symbol of progressive effort, experiment and research, to produce X-Ray and Physical Therapy apparatus a step in advance of the generally accepted standards.

With this spirit dominating a well-balanced organization, it is a safe conclusion that your investment in Victor apparatus is a sound one.

Victor X-Ray Corporation

Manufacturers of Roentgen and Physical Therapy Apparatus
CHICAGO

Jackson Blvd. and Robey CAMBRIDGE, MASS. 66 Broadway

THE PROPERTY OF THE PROPERTY O

NEW YORK 131 E. 23d St.

OT A THE CONTROL OF THE STREET WAS A THE STREET FOR STREET STREET

Territorial Sales Distributors:

Messrs. SAXBY & OYLER

66 BROADWAY, - CAMBRIDGE, MASS.

Adrenalin in Medicine

4—Treatment of Hemorrhage

In the control of all kinds of hemorrhage, with the exception of that following chloroform narcosis, Adrenalin is an efficient aid. The object of hemostatic treatment is to constrict the lumen of the bleeding vessels, thereby retarding the flow of blood and facilitating the formation of a clot which acts as a plug and arrests the hemorrhage.

Adrenalin is effective not only by virtue of its obvious vasoconstrictor action, but also because it shortens the coagulation time. This has been demonstrated by Cannon and his co-workers to be true particularly when small doses are injected intravenously or even subcutaneously.

In severe hemorrhages one drachm of Adrenalin 1:1000 in a pint of hot salt solution may be given by hypodermoclysis in the subcutaneous tissue under the breast or by infusion directly into a vein. This is not a large dose of Adrenalin if the hypodermoclysis or the infusion is given slowly.

Adrenalin is oxidized in the circulation so rapidly that the result of this injection is not the

tumultuous effect that would be expected of one drachm of Adrenalin; it is rather the evenly sustained effect of a few minims. Adrenalin restores and maintains the arterial tension, and the volume of fluid introduced into the almost exsanguinated vessels gives the heart something upon which to contract.

Superficial hemorrhages and others which, because of their location, are readily accessible may be treated by the topical application of previously moistened compresses to which are added a few drops of Adrenalin 1:1000. In the category of hemorrhages which are amenable to this local measure are those of the nose, mouth, throat, ear, vagina, uterus, and rectum.

In hematemesis give by mouth about one drachm of the 1:1000 solution. The ingestion of the remedy in this case brings it into immediate contact with the bleeding vessels. In hematuria the injection into the bladder of an ounce or two of a solution of Adrenalin 1:5000 or 1:10,000 is frequently effective.

Because of its vasoconstrictor action, Adrenalin is utilized also as an application to mucous membranes which are the sites of vascular engorgement or in-

flammation. Dilution to 1:5000 is proper when Adrenalin is used for this purpose.



PARKE, DAVIS & COMPANY

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the hest rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

DECEMBER, 1920.

No. 5

*GOITER.

Frank H. Lahey, M. D., Professor of Surgery, Tufts College Medical School.

Few long-recognized diseases have been so cloaked in an atmosphere of haziness, misunderstanding and uncertainty as have diseases of the thyroid gland; haziness, because we are but incompletely informed as to its function; misunderstanding, because of the too frequent lack of comprehension of the relatively simple clinical classification of the pathological states to which it is subject, and uncertainty, because of lack of unanimity in methods of treatment.

Classification of thyroid states:

Adolescent goiter
Colloid goiter | Intratracheal, complete
Adenomata and cysts | and incomplete.
Carcinomata and sarcomata
Primary and secondary hyperthyroidism.

Adolescent goiter is the slight, and usually symmetrical, enlargement of the thyroid gland which appears in a young girl between the ages of nine and twenty-five, with no other symptoms than this enlargement. There is undoubtedly a definite reason for this increased prominence of the thyroid gland occurring so characteristically at this period of life, but there is as yet no proven explanation for it. The theory has been advanced that at this time in life an increased demand for thyroid secretion exists, owing to the interrelation of the pelvic organs and the

^{*}Read at Annual Meeting of Maine Medical Association, at Augusta.

thyroid gland, and that the prominence is the hypertrophy of that organ as it strives to meet the increased demand for its secretion. In a limited number of patients with goiters of this type whom we have submitted to basal metabolism estimation, none have failed to show a minus degree of metabolic activity, indicative of an insufficiency of thyroid secretion. This is suggestive, in view of the already mentioned theory.

		_
BASAL METABOLIC RATE		
ADOLESCENT GOITHE		
Hiss Age-22 yrs Apr.14,1920: Bas. Not Rata Pulse Rate	-12 90	
Miss Age-21 yrd. May 20,1920-{Sas Mer. Retc. Pulse Reta	- ? 72	Ì
Miss Age. 27 yrs. June 4,1920; Sas Net. Fete Pulse Rate	- 6 78	
Agv.9 yrs Nay 9,1920-Ber Net Rate (Fulse Rate	-15 B6	Í
Niss Nay 29,1920, Bas Met Rate (Pulse Rete	72	1
Miss Aga-19 yrs. Feb.10,1920 Sas Net Rase (Pulse Rate	-30 72	

Showing minus metabolism rate in six cases with goiter of the adolescent type. These patients were all seen because of slight symmetrical thyroid enlargement without symptoms.

Practically all cases of this type have come to us because of the slight enlargement of the thyroid, and not because they were suffering in any way from symptoms attributable to the thyroid class.

Adenomata and cysts of the thyroid gland make up practically all of the local enlargements of the thyroid gland, or of those in which the goiter is of the nodular variety. Adenomata are encapsulated areas either of adult or of fœtal thyroid tissue stimulated to growth in excess of the tissue in which they have arisen. Cysts are encapsulated accumulations of fluid, resulting from degenerated and liquified adenomata, or adenomata into which hemorrhage has taken place. We have operated on these cases when they have come under one of the following heads, namely: unsightliness, secondary hyperthyroidism, malignant degeneration, pressure or intrathoracic growth.

UNSIGHTLINESS:

It is unfortunate that so many people go through a considerable portion of their lives handicapped by the presence of these large, unsightly adenomatous goiters, fearing to part with them because they have been informed by physicians unfamiliar with thyroid diseases and their operability, or by misinformed friends, that they would die from an operation for removal, or from the after effects of the removal. In over four hundred thyroid operations, I have yet to see a fatality in an adenoma of the thyroid in which removal was done for unsightliness, or to observe anything but beneficial results as the remote effects of their removal.

MALIGNANCY:

In adult life, particularly in the later stages, malignant degeneration is so possible that removal of thyroid adenomata is surely as clearly indicated as is removal of adenofibromata of the female breast, when the tumor has reached proportions of any considerable amount.

PRESSURE OR INTRATHORACIC GROWTH:

It has often been a source of great surprise to me in my operative experience with thyroid diseases, to observe the degree of pressure that may arise from comparatively small adenomata of the thyroid, if they are so located that lateral growth is limited in either direction, and in adenomata of considerable proportions, particularly when they are partly or wholly intrathoracic in location, pressure upon the trachea may be of such degree as seriously to threaten life by suffocation.

Of the sixty-five cases of intrathoracic goiter which I have operated upon, five were entirely intrathoracic in location, and sixty were partly intrathoracic in location. Some of these have been operated upon as surgical emergencies for nearly complete, or for entirely complete, respiratory obstruction.

Intrathoracic goiter, complete or incomplete, occurring in sixty-five proven cases out of over four hundred operated cases must be recognized as by no means an unusual enity; yet it is, in my experience, a condition seldom recognized until genuine respiratory difficulty has occurred, and then it is usually diagnosed as asthma, because the respiratory difficulty is intermittent in character, due, probably, to vascular changes (edema) within the tumor itself.

Intrathoracic growth occurs in cystic, colloid and adenomatous goiter, and is the result of the influence of two factors,—the anterior pressure of the sternohyoid, sternothyroid, omohyoid and sternocleidomastoid muscles, and the ascent and descent of the thyroid and its contained tumor or cyst on swallowing. If one recalls, further, that the inferior border of a thyroid tumor rests unsupported over the upper thoracic aperture, a condition supplying no influences antagonistic to

the two factors already spoken of, it is not strange that a considerable number of adenomata are in some degree intrathoracic in location.

One should suspect all low-lying, localized enlargements of the thyroid gland of intrathoracic growth, particularly when it is impossible to palpate the lower limit of the mass, or when there is the slightest indication of respiratory difficulty. This pressure upon the trachea is sometimes evident only when the head is so inclined to one side so that the mass is forced against the trachea. In this type of goiter, all intermittent attacks of respiratory difficulty simulating asthma in their periodicity should make one extremely suspicious of tracheal pressure from intrathoracic goiter. They are diagnosed by demonstration of their outline within the thorax by X-ray; by X-ray demonstration of deviation of the trachea as the result of pressure from the intrathoracic mass (slide); by demonstration of flattening, denting or collapse of the trachea by means of intratracheal examination, and by dullness over the upper thorax. Their treatment is by surgical removal, which may be accomplished safely, and with most satisfactory outcome, even in the cases of very extreme intrathoracic growths, if one proceeds in the dissection with care and within the proper lines of cleavage.

Colloid goiter is the type of thyroid enlargement due to accumulations of colloid material within the dilated and coalescent acini. This type of goiter usually involves both lobes. It may reach such proportions that it becomes quite unsightly in appearance, and not uncommonly it is partly intrathoracic in location. While this state, showing a retention of at least a part of thyroid secretion material is considered one of retrogression or inactivity, and is operated upon because of pressure, unsightliness or intrathoracic growth, evidences of past, and not infrequently immediate evidences of thyroid activity are seen.

Hyperthyroidism (exophthalmic goiter), excepting those cases of adenomata or cysts which threaten life by obstructing respiration, is by far the most serious and detrimental to life of all the thyroid lesions with which we have to deal. It occurs in two varieties,—primary hyperthyroidism, or true exophthalmic goiter, in which there is very moderate and quite symmetrical enlargement of the entire thyroid gland, and secondary hyperthyroidism, in which the symptoms and conditions indicative of that disease occur with, and because of, the presence of a thyroid adenoma or adenomata. Clinical and laboratory evidence both indicate the correctness of the statement that secondary hyperthyroidism is due to the presence of adenoma or adenomata within which over-

activity of the contained thyroid cells exists. Clinically, this is evidenced by the very obvious general improvement and relief of symptoms of hyperthyroidism which follows the removal, not of a considerble portion of the thyroid gland, as is necessary in primary hyperthyroidism, but the removal only of the contained adenoma or adenomata. This is confirmed also by the immediate approach of basal metabolism to normal following their removal.



(a) Showing the shadow by X-ray of an intrathoracic goiter.



(b) Showing deviation of trachea (indicated by arrows) due to lateral pressure from an intrathoracic goiter.

Both conditions are similar in symptoms, with the exception of their existing causes and the methods of surgical treatment.

The signs of hyperthyroidism have long been spoken of as cardinal signs,—goiter, exophthalmos, tachycardia and tremor. This results, I believe, in certain instances, in an improper conception of the disease. Goiter, for instance, rarely appears as a pronounced prominence of the thyroid in this disease. In fact, in many of the cases of most marked toxicity the thyroid enlargement is so slight as to be hardly discernible as goiter.

Exopthalmos, also, is by no means a constant symptom. Many cases occur in which there is not the slightest prominence of the eyeballs. Staring of that peculiar, fixed quality which is so characteristic of hyperthyroidism is, however, rarely absent when any marked degree of toxicity is present. The other eye signs with which you are familiar, such as those of von Graefe and Moebius, I shall not discuss, as they are of value, in my opinion, only when other more reliable indications of the disease are present.

Tremor, both in the hands and in the feet, is generally present when any marked degree of toxicity occurs; while in the hyperthyroidisms of mild degree, particularly of the secondary variety, it may be absent, or so slight as to be easily overlooked.

Tachycardia is the most constant and reliable indication of the presence of the disease. Its rate, rhythm and quality represent, when estimated under proper conditions, the best clinical feature upon which to base judgment as to the degree of toxicity.

From what has already been said it is at once obvious how one may gain a misconception of this disease if it be realized also that hyperthyroidism may exist in the absence of most, if not all, of its so-called cardinal signs. Under proper conditions of observation, I have never seen hyperthyroidism exist without tachycardia. If, however, the observation be made upon a patient who has been for some time, and at the time of observation is still, resting in bed, all four of the signs, including tachycardia, may be absent. It is best, therefore, to examine these cases under conditions of moderate excitation.

Loss of weight, increased appetite, nervousness, dyspnœa, irritability, increased perspiration, a feeling of heat in the skin, changes in menstruation, polyuria, diarrhœa and vomiting are a few of the signs and symptoms which at times accompany the disease. They are largely of value in confirming the presence of the disease as demonstrated by the presence of more reliable evidence, and by themselves are of no great value in aiding us to determine positively the existence of hyperthyroidism.

Within the last few years a measure has been developed which, while subject to errors both in estimation and interpretation, is of great value not only in the differential diagnosis of this disease, but as a check upon the value of various methods of treatment, and in a measure as a guide to the intensity of the toxicity of the disease. It is the basal metabolism estimation.

By basal metabolism is meant the number of calories produced by an individual who is completely at rest, and who has been fasting and 12 to 15 hours. It is the custom to measure the basal metabolism of a patient before breakfast in bed. There are certain normal variations in this production of calories for sex, age, stature and weight. Normal may be said to vary within a 10% limit. Pathologically, the measurement of basal metabolism may be used as a basis for a classification of diseases. Those with increased basal metabolism, and those with de-

creased basal metabolism. Pre-eminently belonging to the first class is hyperthyroidism. Other diseases showing increased basal metabolism are leukemia, pernicious anæmia, disturbances of the pituitary gland, severe cardiac and renal diseases and fever due to any cause. To the class of diseases showing a decreased basal metabolism are again pre-eminently the diseases with a hypofunction of the thyroid, namely, cretinism and myxædema, in which there may be a decrease of 20% to 40% below normal. The development of the Benedict portable apparatus has made the employment of this measure relatively simple as compared with what was necessary by means of the older and more cumbersome apparatus.

Hyperthyroidism, of all diseases showing an increased metabolism, is so distinctive in its course and symptoms, and so characteristically a disease of hypermatabolism that metabolic estimation is of very great value in it.

From the accumulated evidence and from our experience, it does not seem that active hyperthyroidism exists without an increase in the basal metabolism.

Subject to certain variations, the degree of the toxicity, if we may speak of the disease in terms of intoxication with thyroid secretion, is represented by the increase in basal metabolism, and the degree of benefit following operation (or any other method of treatment) is represented, also only approximately, in the degree of approach to normal which the basal metabolism makes post-operatively as compared with the pre-operative estimation.

A series of cases in which basal metabolism estimations were made previous to operation, following pole litigation and following partial thyroidectomy, will be shown on the screen at the end of the paper, in which you will note the gradual approach toward normal with each step of the operation.

BASAL METABOLIO RATE					
HYPERTHYROIDISM					
Mrs .		Age-26 yrs.			
Oct.8, 1919.	Bas Net Rate Pulsa Rate Body Feight	114 93 lbs.			
Oct.9, 1919.	Partial Thyroid	lectony.			
Oct .27, 1919.	Eas, Het, Mata Pulse Rata Body Weight	120 861 100.			
Dec.27,1919.	Bas, Met, Rate Pulse Rate Body Weight	+18 68 90 1be.			

BASAL	METABOLIC PATE	
HYPE	KTHYFOIDISM	
Mre.		age-85 yra.
	(Eas. Wet. Pate	+77
Dec.15,1919.	(Pulse Bate (Body seight	128 98 1b
Dec.16,1919.	(Double sup.pole	ligation.
	Chan, Met. Rate	159
Mar.18,1920.		122
	(Body #eight	903 18
Mar.19,1920.	(Partial Thyroid	actomy.
	(Pulse Rate	92

BASAL	METAROLIC PATE	
MY P	PTHYROIDISM	
Ngre -		Age-40 yre.
	Das. Met. Rate	F45
War.6,1920.		116
	Body Weight	107à1ba.
Mar.10,1920	Double sup. pole	ligstion.
-	Bas. Met. Rate	53
War.16,1920		
	Body Weight	1041 lbs.
	Pao. Mot. Rato	1577
Vay B. 1920		52
	(Body #eight	115 1be.
ter ligeti		110 100.
	(Rertiel Thyroide	comy.
	Bas. Not. Rate	137
May 19,1920		94
	Body #01ght	108 1bs.

BASAL METABOLIC RAT	
MASAL METABOLIC HAT	<u> </u>
HY PERTHY FOICISM	_
Miss	Age - 28уга.
Jan. 8, 1920. [Pulse Rate	120
Body Beight	125.1 lbs.
The state of the s	10011 1001
Jan.9,1920, Couble sup. pol	e ligstion.
(Bas. Mst. Rate	
Jan.15,1920[Pulse Pate	106
(Body #eight	119 lbe.
(Ban. Wet. Rate	150
Mar.9.1920 (Pulse Rate	98
(2 mos.sfter(Body seight	125 lbe.
ligetion)	
Mar.10,1920.Pertiel ThyroId	ectomy.
(Bas. Wet. Rate	+15
Mar.21.1920(Pulse Bete	74
(Body #eight	128 lbs.
10101	

	BASAL ME	TABOLIC RAT	2	
	HYPERT	EYROLDISM	_	
Mre.			Age=53	yrs.
Jen.	24,1920.	(Bao. Not. (Pulse Rate (Body Weigh	130	1, 9.
Jen.	29,1920.	Double sup	. pole 11a	etion
Mar.	31,1920.	Bes. Wet. Pulse Rete Body Weigh	120	lbe.
Apr.		Single inf		tion.
Apr.	14,1920.	Pulse Rate Body Weigh	104	lbe.
Apr.		Pertiel Th		₹.
Apr.	25,1920.	Bae. Not. Pulse Bete Bedy Weig'	106	lbs.
June	1,1920.	Bas. Not. Pulse Rate Body Weigh	106	lbs.

BASAL ME	TABOLIC RATE	1
BY 000	HYROIDISM	
MI FER	HIMOIDION	1
Mise	A	ge-22 yrs.
	Bas. Met. Rate	130
Oec.29,1919.	(Body Weight	841 100.
	(Couble sup. pole	ligstion.
In 12 1920.	(Bao. Mot. Rate (Tomp.99.6ª)	7100
	(Pulse Hate	96 77: 1bs.
	(Body Weight	
Mar. 5,1920.	(Bas. Met. Rate	106
19h wke. of-	(Body Weight "	91à 1b=.
ter ligstion	}	
Mar. 6,1920.	Pertial Thyroid	ectomy
	(Bas. Met. Rate	29
Mar.15,1920	(Pulse Rate	96 81} lbe
	(Body Weight	
	(Bas. Met. Hate	84 .
Apr.30,1920	Pulse Rate	961 1bs

	BASAL	ETABOLIC RATI	<u> </u>	
	EYPE	RTHYROIOISM		
wre.			Apn-5B	yre.
		Bas, Zel, Re	10 457	
Zab.	4.1920.	(Pulse Bate	90	
		(Body Welght	145	lre.
Reb.		(004010 a4b.b		tion
		Bas. Met. Rs		
Pob./	0,1720.	(Pulse Wate (Body seight	94	
		Body seight	137	1bs.
		Than, Met. Re	100	
1	0.1020	(Das. Met. Am	P. P. T.	
APF . 1	0,1920.	(Pulse Rate (Body Welght	1463	120
(02 =	igetion	1 4013 4018	.,0,	
	1,1920.	Restlel Thys		ny .
		(Bas. Met. Rs		
Apr.2	1,1920.	(Pulse Rate	76	
		(Body Weight	140	100.

	ETABOLIC PATE	
HY PER	THYROIDISM	
MISS		Age-19 yre.
tar.16,1920.	(Bas. Met. Rete (Pulse Rete (Body Weight	130 156 1bs.
	(Coatle sup. po	
Mar.24,1920.	(Bas. Met. Ret (Pulse Bate (Bddy Weight	151 1be,
		137
Way 15,1920. (8) sks. af- ter ligation	(Bas. Met. Ret. (Pulse Rete (Bedy Weight	104 , 160) lbs.
	(Pertial Thyro	
May 29,1920.	(Bas. Met. Fat (Pulse Rate (Body #eight	0 125 106 145} lbs.

Showing metabolism rate in cases before operation, after pole ligation and after partial thyroidectomy. Note how pole ligation causes drop in metabolism and pulse rate. Occasionally if metabolism be estimated soon after any operation on the thyroid there will be a temporary rise in metabolism rate. Note the furthed drop following partial thyroidectomy. Note in one case an increase again to r40% a recurrence of hyperthyroidism at least aggravated by anxiety. Nearly all of the final metabolism estimates were made while the patients were still in the hospital after their final operations and undoubtedly do not represent the final degree of approach to normal.

A further series will be shown illustrating the increase in basal metabolism with certain adenomata of the thyroid, and the effect upon the metabolism rate by the removal of these adenomata.

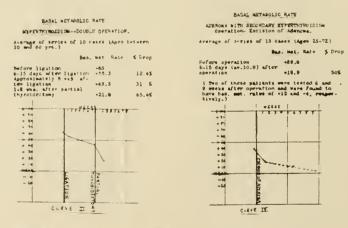
BASAL METABOLIC RATE	
ADEHONA WITH SECONDARY EXPERTHYROIDISM.	
Mrs. 18,1020. (Bac. Mrs. Rate +55 (Pulse Rate 118	BASAL NETABOLIC RATE
Mar.19,1920. Excision of Adenosa.	ADENOMA WITH SECONDARY HYPERTHEROIDISM.
	Hrs. 192 (Bae Vet Rate 110
Mer. 35, 1925. Bas. Wet. Rafe + 32 Pulse Rate 106 Apr. 27, 1920. Bas. Net. Rate + 12 Pulse Rate 96	Nar 3, 1920. Excision of Adenoma
	Mar. 17, 1920. Bas Met. Rate +17 Pulse Rate 80
War, II, 1920. [Sas. Met. Rate 456 [Pulos Rate 99	Curren see 80
Mar. 12, 1920. Excision of Adenoma.	Way 11, 1920. Bao. Net. Rate +39 Palse Rate 110
War, 24, 1920. Bas. Not Rate - 15 Pulse Rate 62	
T	May 12,1920. Excision of Adenoma
Jan. 9,1920. Bas. Net. Rate 480 (Pulse Rate 90	May 21, 1920. (Bos. Met Rate +3 Pulse Rate 86
Jan.10,1920. Excision of Adences.	An 40
Jan. 16, 1920. (Bas Met. Rate 412 Pulse Rate 74	NP Aga - 60 yre. Fan 15,1920. Bas. Net Rate +53 Fulse Rate 60
(Pulse Rate 74	Jon. 15, 1920. Exclaion of Adenoma
Oct. 16, 1919. (9as Met. Hate 454	Feb. 1,1910. Bas Net. Rate + 39 Pulse Sate 78
Oct.17,1919. Exclusion of Adenoma.	L
Oct. 26, 1919, San But Nate + 30	
ITNIAS BALM. 96	
BASAL METABOLIO RATE	
AD ENOMA	
NES.	BASAL METABOLIC RATE
May 25,1010. Ban. Met. Rote +16	ADDIONA OITH SECONDARY HYPERTHEROIDION.
May 26,1920. Excision of Adenoma.	Mps Age- 58 Tre.
Tune 5,1920. (Bas. Mer. Rate 66 Pelse Rate 82	Mrs Jar. 6,1920. Ran. Net. Rate +45 Pulse Rote 86
	Jan. 9,1920. Exception of Adenoma
May 18,1070. Bas Net Rate +23 Pulse Rate 96	Jan. 10, 1920 Sas. Mar. Rate
Nay 19, 1920. Excision of Adenome	Jan. 24, 1920. (Pas. Mer Rate e 31 Pulsa Rate 88
Way 26,1920. (Bas Net Rate 7)	1
Traine Horse	
	Mrs. 8,1920. Bas. Net. Rate + 53
hre.	Wrs. 0,1920. Bas. Nef. Rate 27 yrs 53 - Fulue Rate Nar.10,1920. Eccision of Adenoma.
Ner. 31,1970. (Bas. Net. Ret e 417 Pulse Rate 110	Nar.10,1920. Excision of Adenoma.
New 31,7920. (Bas. Net. Pres 17 [Nair 31,7920. (Bas. Net. Pres 17 [Pulse Rate 1] APP. 8,1980. Cedition of Adercina App. 13,1920. (Bas. Net. Rate 1) (Pplse Acre 116	

Showing metabolism and pulse rate before and after operation in secondary hyperthyroidism. These were all cases of adenoma of the thyroid, and the surgical operation consisted only in removal of the adenoma or adenomata. Note approach of metabolism and pulse rate to normal following operation.

You will observe in some of these cases a decrease in pulse rate almost in direct proportion to the decrease in metabolic rate. We have not been convinced, however, in spite of this fact, that pulse rate is by any means constantly in proportion to metabolism rate.

While it is true, as has been previously stated in this paper, that basal metabolism rate approximately represents the degree of toxicity,

I have been convinced that in interpreting, by means of basal metabolism, the ability of the patient to stand operative procedures, one must bear in mind that, while one naturally considers the disease in terms of toxicity, death may occur not solely as the result of hyperthyroidism, but as the result of failure on the part of organs which, from the effects of hyperthyroidism, have reached such pathological states as to be unable to endure even a very moderate overload. This condition is, of course, most evident in the heart. With this fact in mind, one should be extremely careful that basal metabolism reports are not valued solely as such, but are correlated carefully with clinical facts, and with a knowledge of the course and effect of the disease. For example, it is our belief that the operative risk is less in a young girl with a high basal metabolism, who has had hyperthyroidism but a short time than it is in an older person with even a 50% lower basal metabolism, but who has had the disease over such a long period of time that she possesses a markedly diminished cardiac reserve, as compared with the former.



These plates show by curve the decrease in per cent, and weeks with the various surgical procedures.

We have also found in three diabetic hyperthyroids submitted to basal metabolism that the increase in metabolism was distinctly less than would be expected from the clinical signs in parallel cases not affected with diabetes.

Before leaving the subject of basal metabolism, I want to emphasize the fact that as with X-ray plates, if decision be based solely upon this evidence—and in both instances there is always a tendency to do

so—serious mistakes will arise. If, on the other hand, it is used together with careful consideration of the clinical facts, balanced with a familiarity with all aspects of the disease, it then becomes an absolutely invaluable adjunct in the management of these cases.

Another test has been proposed and advocated by Emil Goetsch within the last few years, and while suggested as qualitative, has been considered as also having some quantitative value in demonstrating the degree of hyperthyroidism present. This Goetsch or epinephrin test is based upon the experiments of Cattell and Cannon, demonstrating the sensitization of the sympathetic system by the injection of small doses of adrenalin chloride. It consists in first recording the patient's pulse and blood pressure after a period of repose in bed, so that readings are taken under as nearly as possible constant conditions. Eight c. c. of adrenalin chloride (1-1000) mixed with a similar amount of salt solution are then injected hypodermically, and readings of pulse and blood pressure are recorded every ten minutes until two hours have elapsed. An increase of 10 degrees or over in systolic and a drop in diastolic blood pressure and an increase in pulse rate are considered evidence suggesting the presence of hyperthyroidism. The elevation of blood pressure and pulse rate should continue for one and one-half hours, and return to normal in about two hours. Together with this phenomena appear an increase in the symptoms of the disease. It is



A glance at this report from the metabolism laboratory would lead one to believe that the intensity of toxicity was not marked, yet in spite of a three step procedure the patient died, illustrating the fact that consideration must be given other factors than those of toxicity when

further said that, with relief of symptoms following operation, this increase in pulse and blood pressure rate no longer occurs.

A small series of thyroid cases checked by basal metabolism estimation have recently been submitted by us to this test, and the results will be shown in slides. In view of the limited number of cases which we have as yet submitted to this test, and checked by metabolism estimation, I do not feel justified in making any definite statement as to its reliability.

Under the treatment of hyperthyroidism I will speak only of surgery, as I am convinced that it offers by far the most rapid and complete means of influencing the course of this disease.

I shall not discuss here the operative procedure, but speak of certain conclusions that I have reached after having personally operated on over four hundred thyroid cases. Our surgical procedure is to ligate the poles in those serious or doubtful cases too ill to endure the complete operation, and then send the patient home for a period of eight weeks, having them report for X-ray treatment every three weeks during this interval. At the end of eight weeks the basal metabolism has usually dropped, as you will see by the charts to be shown;

there has been a gain in weight and such improvement in general condition that the complete operation may be undertaken with safety. In certain cases it does not seem wise to submit the patient to ligation of both poles, and in those cases one pole is rapidly ligated, and after an interval of a week or two-during which short time the patient makes a remarkable gain—the other pole is tied, and the patient sent home for eight weeks. Following the stay at home of eight weeks and of X-ray treatment, the patient again returns to the hospital for a period of observation and for basal metabolism estimation, and if her improvemen warrants it as demonstrated by drop in metabolism, gain in weight, and diminution of symptoms, the final operation of partial thyroidectomy is done. We feel very sure that this two stage procedure materially increases the margin of safety in those cases. If we feel that they will probably stand the operation, either in the case of pole ligation or of partial thyroidectomy, but that there is some doubt, we take them to the operating room, prepared for operation, give them gas-oxygen, and if doubt still exists, send them back to bed, note the degree of reaction from this procedure and be governed by this reaction in our decision. Again, if after pole ligation, X-ray and the eight weeks' stay at home, we feel that the ligated case may still not endure the complete operation of partial thyroidectomy, but will stand further ligation, we ligate the inferior thyroid arteries as they run along the inner borders of the scaleni antici.

We feel that after eight weeks there is a tendency for basal metab-

BEFORE 1/2 hr. AFTER 1 hr AFTER 1 hrs. AFTER

	INJECTION INJECTION			TION	× 1	INJECTION		INJECTION	
Advenuiln Test Bes Met.Rate +60	B P. 112 65	Pulse 90	B P. 122 58	Pulse 110	1	3.F. Pu 18 1	se 2	B.P. 172 54	Pulse 96
(Ryperthyreidism) Hrs. Adrenalin Test	160 63	120	178	142	1	8e 13	50	160	
Bas Met.Rate +19	60		25			35		38	120
Adresalin fest									
Adremalin Test Bas.Met.Rete + 55	140 64	120	150 60	143	1	48 13 64	22	62	120
(Hyperthyroidism)									
Adrenalin Test	98	90	82 60						
Bos.Met.Rate -11	रेंद्र		60	64	1	04 E	90	98 58	94
					-		-		
			1						
		1.	/n .			- 4170000	1 ,1	- APT	900
in w	FORE JECTIC	w 1	/2 hr MJECTI	APTESE ON	INJ	F.AFTER ECTION	IM	HE AFT	24
etas 12	p. 9u e 1	150 8	P. ₹ 24 ₹3	136	8.P	- Pulse 136	B.1	P. Pu	130 36
Adrenalin Test Bos wet.Rate +60	5	1	इह		-56		77	5	
. Hyperthy-oidsam)					_		-		
Adrenain est 14 Bas Met.Sate #46	2 1	20 1	4 <u>0</u> 6 0	128	138	132	144	3 1	20
	a	128 1	x4 · · ·	116	740	T38	7.5		8
Agremain Test Bas Met.Aase = 16	Ť	12012	85 85		68		े चि	3	
Breart, Wiss		-					-		
Adrenalir Test 98 Bas.Met.Rate #5		72	119	96	11	6 101 H	11:	1	6
(Adenora)							+		
		1	•						
1	1	1		ı			1	1	
	BEFORE 1/2 hr. A		hr.AFT	TER 1 Nr.APTE 1WJECTION			IMIECTION		
try s .	B.P. 132 58	Pulse 100	B.P. 140	Pals 112	•	8 P. 5	ulse 128	8.P. 138	Pulse 120
Adrenalin Test Bas.Net.Rate + 83 .Typerthyroidise)	.38		- 50			68		60	
Nies									
Adrenalia Test	140	112	149	116	,	168	128	160	104
(Hypertnyroidism)			.,			**			
Miss									
Adranalin Test Ses.Met.Rate + 29	126	114	142	16	0	138	132	128	120
(Hyperthyroldism)									
Res.									
Adrenalie Test Bas.Met.Ratm + 26 (Hyperthyrold:5%)	134 86	96	126	9	96	134 84	96	124 84	78
		- 1			- 1				

Showing the reaction of pulse and blood pressure to injection of adrenalin. The drop in diastolic pressure and increase in systolic pressure, together with the increase in pulse rate, have neither been sufficiently constant nor sufficiently in proportion to metabolism rate to make the test seem dependable, qualitatively or quantitatively. Data in an increasing amount is being accumulated, and final results will be reported when many more observations have been made.

olism to rise again, and that partial thyroidectomy or further ligation should not be deferred much beyond that point.

In the procedure of partial thyroidectomy we have also been convinced that nothing short of the removal of a considerable portion of the gland (3/4 to 4/5) accomplishes the purpose desired.

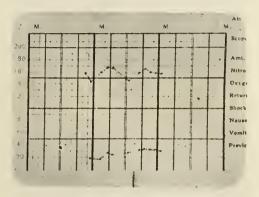
At the risk of being misunderstood, I must state that I believe that

thyroid surgery belongs in the hands of men experienced in, dealing constantly with, and equipped to handle such cases. It is the type of surgery which should be under the control of the surgeon before and after operation, first, because study is necessary for proper decision as to the course to pursue, and, second, because post-operative care plays a considerable part in the percentage of recoveries. These statements appear perhaps rather extreme, but are borne out by our mortality (2 7/10%) and that of other thyroid clinics, as compared with the much higher mortality of thyroid cases handled without an organized equipment for their study and cure.

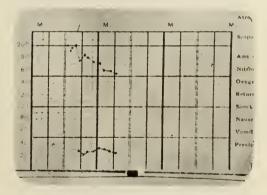
The cases are seen first either at their home or at the office. are then sent to the hospital for observation, resting pulse rate, basal metabolism, Goetsch test and X-ray if there is the slightest question of intrathoracic growth. Decision is then made as to whether operation will be done or not, and the day and hour set. Two hours previous to the time of operation they are given 1/200 of scopolamine and 1/4 of morphia, and this same dose is repeated one hour before operation. They are then transported to the operating room as quietly as possible, placed in position on the operating table, and based upon basal metabolism, previous clinical observation, and the condition of the patient at that moment, final decision is made as to whether any operation at all should be done; whether one pole shall be ligated, both upper poles ligated or partial thyroidectomy done. While in general we decide after the period of hospital observation, what operative procedure shall be employed in a given case, I believe that the final decision as to the type of operation should be deferred until the patient is on the table and in the condition under which he or she must endure the operation. The character and rate of the pulse at this time may safely be interpreted as at its worst, and the general picture be taken as indicating the possible degree of reaction following the operation. This post-operative reaction is by far the most dangerous part of the procedure in our experience.

If then, the extent of operation be settled upon under these conditions, provided the surgeon be of reasonably conservative make-up, and desirous of a low mortality, there is little danger of employing too extensive measures.

It is my custom when the patient is all prepared and draped upon the operating table to consult with Dr. Sise, who gives all of the gasoxygen in these cases, and who has had an extensive opportunity with us to estimate the state of thyroid patients under operating conditions, and at this time arrive at a final decision. A chart of the patient's pulse during his stay in the operating room is kept, and if the poles have been ligated at a previous operation, this chart is available at the final operation, so that we my have an idea from it how the first operation was endured.



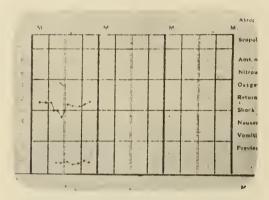
Ligation Superior Thyroid Poles



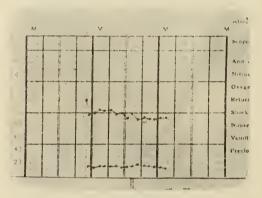
Partial Thyroidectomy

Anasthetist's pulse and respiration charts, showing rates during pole ligation and partial thyroidectomy. The charts during ligation are of value in indicating roughly how the patient may be expected to react to the second operation.

(a) Chart showing pulse and respiration during pole ligation and partial thyroidectomy in a case of well-marked hyperthyroidism. Note the absence of preliminary rise in pulse rate and the even course in the partial thyroidectomy.

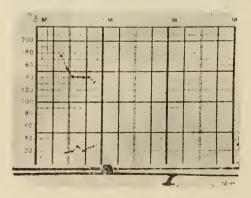


Pole ligation

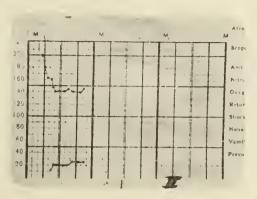


Partial thyroidectomy

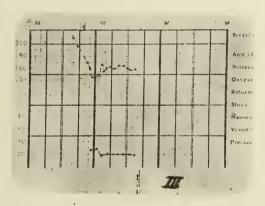
(b) Showing pulse and respiration during pole ligation and partial thyroidectomy in ia case of well-marked secondary hyperthyroidism complicated by an intrathoracic goiter. Metabolism +37 dropped to +11 following ligation and to -5 following partial thyroidectomy. Note lack of preliminary rise even in ligation, and even course, indicative of good operative toleration.



1. Ligation Superior Thyroid Poles.

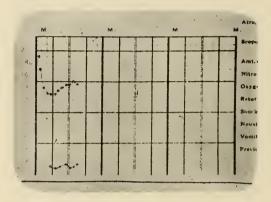


2. Ligation Inferior Thyroid Arteries.

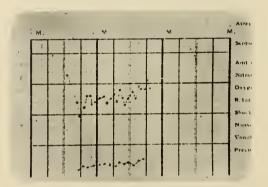


3. Partial Thyroidectomy.

- (c) Showing pulse and respiration rate during superior pole ligation and partial thyroidectomy in hyperthyroidism of long standing, resulting fatally, with low cardiac reserve and but moderate increase in metabolism rate +37. In connection with this case refer to Plate VI, which is this patient's metabolism chart.
- 1. Ligation Superior Poles—note preliminary rise.
- Ligation Superior Poles—note preliminary rise.
 Ligation Liferior Thyroid Arteries—Note still greater preliminary rise in spite of previous pole ligation.
 Partial Thyroidectomy—Note preliminary rise in pulse rate, greater still, in spite of ligation of all of the trunks. In our opinion this should have been a warning not to proceed further, and we now construe it as such.



Pole Ligation



Partial Thyroidectomy

(d) Showing pulse and respiration rate during pole ligation and partial thyroidectomy in a case of well-marked hyperthyroidism indicating favorable operative tolerance. Note prompt drop in preliminary rise during pole ligation and diminished reaction in the partial thyroidectomy, as indicated by the diminished preliminary rise.

I have spoken in the plural pronoun several times when I have had occasion to speak in the first person, not with attempted modesty, but because I have developed a group of associates particularly for the handling of thyroid cases, and some of the data in this paper represents work done by them, for which I wish them to receive deserving credit. This group consists of an operator of the metabolism laboratory; an X-ray laboratory for the treatment of cases in the interval between ligation and partial thyroidectomy, and the diagnosis of intrathoracic goiter; an anæsthetist experienced in anæsthetizing thyroid cases by

means of gas-oxygen; an operating team constantly experienced with thyroid cases; an operating room staff and nursing staff familiar with the handling and post-operative care of cases of this type. This has necessitated the limiting of all thyroid surgery to one hospital, the New England Deaconess Hospital, and has, I believe, played a considerable part in any success we have had with those cases.

I shall not go into lengthy conclusions, but again submit that thyroid cases demand special study and special care; that where they are so handled the mortality will be within very reasonable limits, and the failure to relieve or cure less than 10%

REPORT OF A CASE OF IMPACTED COIN IN THE OESOPHAGUS.

This case is of interest because of the firmness of impaction, the absence of disturbing symptoms and the necessity of removal by endoscopic means. I believe that any other method of removal would have been fatal. The high mortality for external operation on the cesophagus for removal of foreign bodies is too well known to require discussion here.

M. S., aged 10 years. Referred to me by Dr. T. E. Hardy with the following history. Three days' previous, while throwing a quarter up in the air and catching it in his mouth, he swallowed the same. He was having no discomfort of any kind. There was no pain, cough or respiratory disturbance. There was some difficulty in swallowing solid food. Usual examination by means of laryngoscopic mirror revealed nothing. X-ray examination by Dr. Hardy showed the presence of the coin at about the level of the sterno-clavicular notch, slightly to the left of the median line and apparently in the æsophagus. Endoscopy was immediately advised and accepted, and the boy taken directly to the hospital.

Under ether anæsthesia the larynx was first examined by direct method, following which a child's size œsophageal speculum was in-

troduced into the æsophagus and the upper portion of the æsophagus was explored. Nothing being found, an attempt was made to pass the æsophagoscope. Apparently the coin had so stretched and distended the lumen of the æsophagus that the æsphagoscope could not be passed with any degree of ease. The speculum was again introduced and to a lower level, where the coin was encountered. This was most firmly impacted and had stretched the walls to the limit. Three attempts to remove the coin by grasping with the Mosher alligator forceps were unsuccessful. It could not be budged. The fourth attempt was successful and the coin was removed. The degree of impaction was shown by the erosion on the coin. Only the middle third of the quarter was at all dulled by the action of the æsophageal contents. The rest had been so firmly imbedded in the walls of the æsophagus that the original silver lustre had not been impaired.

The boy made an uneventful convalescence. He slept well that night and complained of very slight sore throat the next day, when he was discharged from the hospital.

F. T. HILL, M. D.

Necrology.

RUFUS EDWIN DONNELL.

South Gardiner and Gardiner, 1889-1920.

Some of our members wish to be remembered after death; others do not, apparently. Some shun publicity when alive, and their relations continue the policy of silence over their graves. Were the truth, however, known, there is hardly a man of proven skill in the place in which he has practiced medicine for life who does not, if he has the time to spare before his death, lay aside some hopeful notes concerning the career of which he has been so proud, for he knows that he has done some good in the world for a good many people, and he wants that good

to go down into posterity as his little bit of the medical history of the State or the nation in which he lived out his life.

Dr. Donnell, if he left no notes behind him, or if his friends have provided the necrologist with no information at all concerning his career, deserves due notice in our Journal as a member of our Association. He was a quiet and unobtrusive member, after all, and he died on the 23rd of May, 1920, after a lingering and hopeless illness, at the age of 61. Born in Webster, the son of William and Philena Donnell, April 18, 1859, he was graduated at Bates in 1884, had there an honorary degree in 1887, took a single course of medical lectures at Bowdoin, and then obtained his degree in medicine at Dartmouth in 1889. He had previously married Miss Lena Chapman, of Dexter, and with his wife taught school during his medical lectures. Immediately after taking his degree, he settled in South Gardiner for ten years. His circle of practice gradually widening, he moved to Gardiner in 1900 for the rest of his life. He was interested in the school board, he served on the common council of the city several years, and twice, once in New York and a second time at Harvard, he attended long courses of post graduate studies. He wrote but little on medical topics, and the subjects which he chose for elaboration have not been preserved for the advantage of your necrologist. This is a matter of regret, for it is pleasant to follow the various curvings of mentality as shown by some writers as they advance in medical practice. I do not find that he wrote for our Association, nor do I recall meeting him there, as often as I attended its meetings.

His was a quiet, unobtrusive life, devoted to his practice, to the Congregational Church and to friends, who will miss him.

Four years before his death he observed the first premonitions of the disease which ended his life, but bravely, and like a martyr to duty and to his wife, he continued to work while strength lasted. Worn out at last, he passed along, was buried at Auburn, and is survived by a grieving widow.

J. A. S .

County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

In the Municipal Court Room, City Building, Lewiston, Maine, November 2, 1920, the regular meeting of the Androscoggin County Medical Society was called to order by the President, Dr. Hall. Records of the last meeting were read and approved.

Dr. B. L. Bryant, Secretary of the Maine Medical Association, explained in detail the New Medical Defense Act by the State Association, and also talked in a clear manner of the work of the Association along various lines, of its relations with the American Medical Association, and the County Societies. He said, in part, that in order to make the Medical Defense Act a success, every eligible physician in the State should be a member of the Association, and consequently he urges the County Societies to work hard to that effect.

Dr. W. E. Webber talked of the standardization of Hospitals and of the always increasing requirements of Medical Colleges. He sounded a note of warning against going too fast and perhaps too far in that direction, for fear the poor, but otherwise able and hard-working young man, will be deterred from studying medicine by lack of means. The ultimate result of this, he says, will be an insufficient number of physicians to serve the rural communities.

Dr. Webber's remarks were discussed by Drs. Barrell, Garcelon, Norton and O'Connell.

Dr. Ball attended the meeting of County Secretaries in Bangor in October and reports, among other things, that the State Association wants us to remember that it is unlawful to send a prescription for narcotics through the mail. Also that every County Society should endeavor to have some paper read at every meeting; that if a man cannot be found in our own Society to do that, the State Secretary, if notified, will do his utmost to send us one.

Moved and seconded that Dr. Ball's report be accepted.

Moved and seconded, that a rising vote of thanks be given to Dr. Bryant for the pains and trouble he has taken to come and see us, and

for his unceasing devotion to the interests of the State Association and the County Societies.

Moved and seconded, that Dr. Miller's name be replaced on the roll of members, and it was so voted.

Moved and seconded to adjourn.

Members present: Ball, Haskell, W. E. Webber, Beckler, Bolster, Dupras, Cobb, Langelier, Sawyer, Buker, Dumont, Norton, Barrell, Morin, Chaffers, Frank Scannell, Desauliuers, O'Connell, Girouard, Russell, Pierce, Pelletier, Garcelon, Randall, Hall, Roy.

L. O. Roy, Secretary.

CUMBERLAND.

CUMBERLAND COUNTY MEDICAL ASSOCIATION.

The fifty-fourth stated meeting of the Cumberland County Medical Society was held on November 4th, 1920, at 7.45 P. M. at the Falmouth Hotel. The meeting was called to order by Dr. Francis J. Welch, President.

There were present seventy-five members. Dr. T. E. Hardy, President of the Maine Medical Association, Dr. B. L. Bryant, Secretary of the Maine Medical Association, and many invited guests.

The minutes of the previous meeting were read and approved.

The Board of Censors reported favorably on the names of Drs. E. H. Drake, William Everett Freeman, and Jacob Melnick.

The Secretary presented certificates of transfer of Dr. S. J. Beach, of Portland, from Kennebec County, and Dr. F. E. Wheet, of Westbrook, from Oxford County.

It was then voted that the Secretary cast a ballot for the election to this Society of Drs. Drake, Freeman, Melnick, Beach and Wheet.

The following applications for membership were received and referred to the Board of Censors: Dr. J. Elizabeth Hoyt Stevens, Dr. Ralph P. Mahoney, Dr. James P. Blake, Dr. Lucien Lupien, Dr. Frank A. Smith, Dr. Adjutor Couturier, Dr. Bertrand F. Marshall, Dr. Alphonse N. Witham, Dr. George M. Woodman, Dr. Victor E. Lagerson, Dr. Henry E. Davis.

Upon motion of Dr. E. W. Gehring it was voted to make Dr. S. C. Gordon an honorary member of this Society.

A communication from Mrs. Mary S. Burnham, Chairman of the Committee on Illegitimacy of Maine, was read by Dr. Francis J. Welch,

in which all were cordially invited to be present and participate in the Regional Conference at Portland on November 16th and 17th.

A short recess was then declared by Dr. Welch, while Otis' Jazz Orchestra enlivened the air with many numbers of peppery music.

After this refreshing music, Dr. Welch called for order and introduced Dr. T. E. Hardy, of Waterville, President of the Maine Medical Association, who spoke briefly on the importance of an increased activity of the different units of the State Association, thereby obtaining a stronger organization, which could lead rather than be led in all matters of importance to the profession. Since assuming the office of President, he had visited many County Societies and was extremely well pleased with the spirit exhibited, and especially with that of this Society. Already a meeting of the program Committee has been held, and a plan was decided upon in which members of the Association would be asked to furnish most of the programs for the next annual meeting. As far as he was able to judge, the outlook for the State Association was brighter than it has been for some time in the past. These remarks were met with approval by great applause.

Dr. Welch then called upon the Secretary of the Maine Medical Association, Dr. B. L. Bryant, of Bangor. His remarks were confined to what had already been accomplished by the Medical Defense Act, as passed at the last meeting of the Maine Medical Association largely thru the efforts of Dr. James A. Spalding. The services of Mr. W. R. Pattangall, of Augusta, were immediately obtained, as it was necessary to have competent legal counsel. A few cases have been prevented, and assistance is being given to every case instigated before the passage of this act. Already the need for a united profession was evident, and a strong appeal was made to increase the membership in each County Society to one hundred per cent. His remarks received approval by all present.

Dr. Welch next introduced Dr. L. D. Bristol, of Augusta, who spoke on "Public Health Accomplishments and Needs in the State of Maine." As Dr. Grenfell was expected shortly to speak, Dr. Bristol confined his remarks to the "Needs." Striking, indeed, were the health conditions existing in the rural districts. In fact, very little change had been made in the methods of years ago. To obviate this, a careful study should be made of the rural people, that proper methods might be instituted to make them appreciate the value of sanitary conditions, as health regulation can only be successful when the demand

for it comes from the ones who are to be benefited. Schools, physicians, nurses, and various philanthropic organizations could be utilized in the solving of this problem. The State Health Department might better serve its purpose in this respect if situated in Portland and affiliated with the Bowdoin Medical School. With such arrangement, instruction could be given to the medical students and courses of training could be arranged for nurses desiring to pursue this kind of work. Such advantages would more than counterbalance the inconvenience of not having it in its present location. A generous applause was given for the excellent manner of the presentation of this important subject.

Dr. Tetreau endorsed the thoughts in Dr. Bristol's paper and briefly told of the workings of the Portland Board of Health. The reports of this organization were kindly distributed to all members.

Dr. W. T. Grenfell, of Labrador, was now introduced by Dr. Welch. After receiving a great welcome, he related in a straightforward manner how he first happened to go to Labrador—"just for the adventure." The conditions found there were so shocking that immediately his efforts were irresistibly directed toward their betterment, little realizing that it was a life's job. The people, although but poorly educated, were industrious and excellent workmen, and willing to be helped, and they were always so appreciative that Dr. Grenfell was ever inspired to go on with his work. Overcoming almost insurmountable obstacles, slowly his plans have developed until he has to-day in operation eight hospitals, one hospital ship, four hospital launches, three clothing distribution centers, two industrial stations, and one children's home. Unfortunately the work is not self-supporting, and it has been hard to make people realize its importance. In addition to what could be given by him as a general practitioner, many specialists have given generously of their services during the summer months. In the future he hopes to interest other specialists for the same purpose.

The members were invited to ask questions and many did so. A rousing applause was then given to Dr. Grenfell.

Dr. S. P. Warren spoke of the unselfish devotion of Dr. Grenfell to his work, and moved that a committee of three be appointed by the Chair to raise money from this Society for Dr. Grenfell's fund. It was so voted, and Dr. Welch appointed Dr. Stanley P. Warren, Chairman, Dr. Owen Smith and Dr. John F. Thompson.

A rising vote of thanks was finally given to Dr. Grenfell and Dr. Bristol.

Voted, to adjourn.

Adjourned.

E. E. Holt, Jr., Secretary and Treasurer.

KNOX.

KNOX COUNTY MEDICAL SOCIETY.

At the annual meeting of the Knox County Medical Society the following officers were elected:

President—J. G. Hutchins, Camden.

Vice-President—Wm. Ellingwood, Rockland.

Secretary and Treasurer—H. W. Frohock, Rockland.

HANCOCK.

HANCOCK COUNTY MEDICAL SOCIETY.

The Hancock County Medical Society held their annual meeting at the Webster House, Ellsworth, Thursday, Nov. 18th, at 8.30 P. M.

The following officers were elected to serve during the ensuing year:

President—Dr. A. H. Parcher, of Ellsworth,

Vice-President—Dr. J. H. Patten, of Bar Harbor.

Secretary and Treasurer—Dr. G. A. Neal, of Southwest Harbor.

Delegate—Dr. G. A. Neal, of Southwest Harbor.

Censor—C. H. Gibbs.

New members elected were Dr. Davenport White, of Washington, D. C., and Bar Harbor, and Dr. C. H. Gibbs, of Ellsworth.

The names of Dr. R. W. Clarke, of Deer Isle, and Dr. Frank Herrick, of Brooklyn, were proposed for membership.

Dr. R. W. Wakefield, of Bar Harbor, gave an interesting discourse on "Acidosis": Dr. Lewis Hodgkins of Ellsworth, explained the Medical Defense Act: Dr. A. H. Parcher, of Ellsworth, reported a series of cases of infectious jaundice, and Dr. Chas. Knowlton showed a number of interesting X-ray plates.

There were several reports of interesting cases and all the subjects were well discussed.

After the literary exercises a bountiful hot supper was enjoyed.

G. A. NEAL, Secretary.

PENOBSCOT.

PENOBSCOT COUNTY MEDICAL ASSOCIATION.

The annual meeting of the Penobscot County Medical Society was held on Tuesday evening, November 16th, at the Bangor House.

The election resulted in the following:

President-Dr. Jarvis B. Woods.

Vice-President-Dr. Charles H. Burgess.

Secretary and Treasurer—Dr. Harry D. McNeil.

Member Board of Censors-Dr. Luther S. Mason.

Delegate to Maine Medical Association—Dr. Carl O'Brien; Alternate—Dr. Allan Woodcock.

After dinner, the retiring President presented an able and instructive paper in two parts, entitled, "The Progress of Medicine, and Nutrition; What It Is and How It Is Developed."

The applications of two doctors were received and referred to the Board of Censors.

There was an attendance of thirty-three members at this meeting.

HARRY D. McNeil, M. D.,

County Editor.

SOMERSET.

SOMERSET COUNTY MEDICAL ASSOCIATION.

The Somerset County Medical Association held a meeting at Grange Hall, Bingham, October 14th. At 12.30 a delicious game dinner was served.

The programme included an interesting paper prepared by Dr. C. A. Moulton, of Hartland, and treating upon the results of his examination of school children in his home town; Dr. G. H. Coombs, of the State Health Department, spoke upon the control of venereal diseases; and J. R. Cahill, of Boston, gave an interesting illustrated address upon the process of producing radium from the mines.

The following were in attendance: Drs. Milliken, Sawyer and Pepper, Madison; Drs. Marston and Spear, North Anson; Drs. Poulin, Hopkins and Brown, Bingham; Dr. Piper, Solon; Drs. Richardson, Young, Lord and Stinchfield, Skowhegan; Dr. Moulton, Hartland; Dr. Earle, Canaan; Dr. Dyer, Harmony; Drs. Smith and Tower, Norridgewock; Dr. Ellingwood, Athens; Dr. George Coombs, Augusta; Mrs. Angeline Kelliher, Health Officer for Bingham.

C. E. RICHARDSON,

Secretary

Notes.

On November 11th and 12th, twenty-five State Secretaries met in conference at the A. M. A. headquarters in Chicago. The primary object of the conference was to stimulate the Secretaries by contact to more active work, and to discuss means by which the medical organization could be made of more practical value to the members.

Following is the program:

THURSDAY, NOVEMBER 11 - MORNING MEETING.

PERFECTING THE ORGANIZATION.

- 1. Disintegrating forces to be overcome: (a) The prevailing tendency to multiply organizations for specific objects which should be accomplished through the already existing organization; (b) desirability of closer co-operation by the county, state and national bodies. Discussion opened by Dr. Holman Taylor, Texas.
- 2. Supervision of membership by the county, the state and the national bodies using the data at the American Medical Association headquarters in order that component societies shall be informed concerning the professional character of physicians who have been in practice for some years and who located in a new territory. Discussion opened by Dr. E. J. Goodwin, Missouri.
- 3. Bulletin of the American Medical Association. (The cooperation of state associations is essential to make this publication effective in the upbuilding of the organization.)
- 4. The emolument of the state association secretary. (The value of full time secretarial service.)

AFTERNOON MEETING.

Post-Graduate Work—How Can It Be Developed by

ORGANIZATIONS?

- 1. Clinics, institutes, etc., now conducted by state associations either independently or in co-operation with other organizations, such as medical schools, boards of health, organizations for prevention of diseases, etc. (Colorado, Michigan, Missouri, Ohio and Wisconsin.)
 - 2. The plan for extension. Labarotory instruction, using a port-

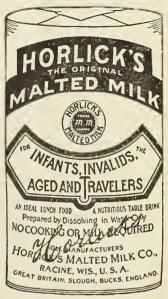
The Diet in Typhoid

and other fevers and diseases prevalent at this season

As the intestinal tract is seriously involved in Thpyoid fever, the dietetic problem is one of first consideration. A liquid diet is largely essential, in which connection "Horlick's" has important advantages, being very palatable, bland and affording the greatest nutriment with the least digestive effort.

Samples prepaid upon request

Horlick's Malted Milk Go., Racine, Wis.



Avoid imitations by prescribing "Horlick's" the Original

ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.

able equipment, with demonstrations by teachers. Co-operation of county and state organizations essential.

3. General discussion.

FRIDAY, NOVEMBER 12.

ECONOMIC AND SOCIAL OPPORTUNITIES.

- 1. What more could a state association do for its members if its income were doubled? Discussion opened by Dr. E. A. Hines, South Carolina.
- 2. Doers not Resolvers—the Achievements of Resolutions without Personal Activities. Discussion opened by Dr. F. C. Warnshuis, Michigan. General discussion of the foregoing two subjects.
- 3. Brief reports—not more than three minutes each—from the secretary of each state association regarding what the state is now doing in providing defense to its members, in aiding needy physicians and their families, and in other similar works.

It is always interesting and stimulating to meet with men who are all working on the same problems in organized medicine and listen to their methods of work and the results they have obtained. The great problem in organization is to get such returns that every member in the organization receives full value for every effort and dollar he puts in. When every man sees that he is getting his money back and a little more, it is not difficult to make him an enthusiastic member, but also a willing worker of the organization.

Now, what can be done in our own State to make organized medicine worth while? First, we must recognize that the whole membership depends on the County Society, and whatever is done to strengthen that unit builds up the whole Association. The officers of the State Association should do everything they can to stimulate interest in these Societies. They should help in their campaigns for new members by frequent visits, furnish men for their programs, that they may have interesting meetings which will be worth while for the members to make the effort to attend. The members should be made familiar with the plans of the State Association, so they will be able to instruct their delegates intelligently. All should be made to feel it is for their interest to discourage blackmailing, malpractice suits and to work for everything that is for the interest of the medical profession in their community. The State Association wishes to do all in its power to

By Surgical Dressings



Sterilized After Sealing

Unused Part Remains Untouched

We have spent 25 years in perfecting our processes for making B&B Absorbent Cotton. There are now 22 separate steps in the making, and each serves a studied purpose.

The cotton, of course, is sterilized in the making. But it is sterilized again in the closed carton.

Every package is subjected to live steam following a vacuum.

Packages are then sent to our laboratory. There center fibres are subjected to incubator tests. Thus we constantly check the efficiency of this final sterilization.

Our unique package

B&B Absorbent Cotton is packed in our Handy Package which opens on the side. The user unrolls and cuts off only the cotton needed. The balance remains in the original package, unremoved, untouched.

All methods extreme

All B&B methods are equally extreme. All B&B Sterile Dressings are sterilized after packing.

In every B&B product, we have studied to meet the most radical requirements. All are made by masters in a model plant. All result from decades of co-operation with leading physicians and surgeons.

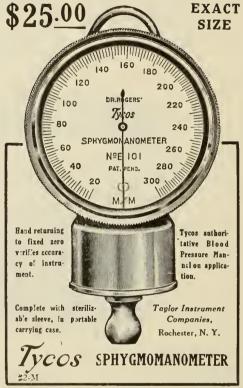
We make a complete line of Surgical Dressings. We promise you in any of them the utmost in modern attainment.

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surgical Dressings and Allied Products

help. The Legislative Committee will go to Augusta to protect us as best they can against vicious legislation. They will need the assistance of an organized profession. We can now furnish you with a defense against so-called malpractice suits. We can assist you in your County meetings. Your Program Committee will give you an interesting and profitable meeting at Bangor next June.

You should be furnished with clinical advantages and short courses in post-graduate work in the larger hospitals and in the Medical School. We hope that soon something definite can be done in that way. Other States are doing this successfully, and there is no reason why we should



not enjoy the same advantages if we can get sufficient organization and push. While your State officers are willing to work, most of them are busy men. They have their living to earn, and to carry out all this work successfully takes a lot of time and effort. Other States with a professional membership not much larger than our own have found it worth while to employ a full-time active Secretary, who is on the job very day in the year, looking after all the interests of the profession in the State. He would be the editor of your MEDICAL JOURNAL, through which he would keep you in touch with all important matters of medical State interest; he would have charge of your medical defense and the welfare of every man in the Association. If you could have listened to what the full-time Secretaries had to tell at the A. M. A. of what had been accomplished by the scientific organization of the medical profession in their States for the individual physician and the community at large, it would have set you thinking. Why not the medical profession of the State of Maine? We hope to have one of these men at the Bangor meeting to tell you about it. Think it over.

BERTRAM L. BRYANT,

Secretary.

THE Underwood Bookkeeping
Machine is, in the bookkeeping field, winning
the same success
which has followed the
Underwood Typewriter.

Wherever used it has created legibility and economy.

UNDERWOOD TYPEWRITER CO., Inc.

% EXCHANGE STREET PORTLAND, ME.

Every Physician

In general practice should have a BURDICK ELECTRIC LIGHT AP-PLICATOR for local and general applications. It will produce

DEEP EFFECTIVE HYPERAEMIA INCREASED LEUCOCYTOSIS INCREASED VITAL RESISTANCE

Useful for the relief of inflammation and congestion, to promote quick healing of wounds, relieve pain, etc.

Write for descriptive literature.

Clapp Anderson Co.

Specialists in high quality X-Ray and
Electro-Medical Apparatus

120 Boylston St. Boston, Mass.

P."J. FRANCIS

83 Belmead Road, Portland, Me. Maine Representative



All Food Cells Exploded

Puffed Grains are steam-exploded. After an hour of fearful heat an explosion is caused in each food cell.

Thus all food cells are blasted for easy digestion. And the grains are puffed to bubbles eight times normal size.

Puffed Wheat and Puffed Rice are whole grains. Corn Puffs is corn hearts puffed.

These are the best-cooked cereals in existence. The flimsy texture and the nut-like taste make them most inviting.

Physicians, we believe, will consider Puffed Grains the ideal form of grain food.

Puffed Wheat
Puffed Rice
Corn Puffs

Boralol

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

T is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best results are obtained by dissolving in hot water.

Ask For Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

HIGH

BLOOD PRESSURE

Successfully treated with

BENZYL BENZOATE — MISCIBLE H. W. & D.

"20 per cent alcoholic solution" Supplied in Two Fluid Ounce Bottles

See New York Medical Journal, Volume 112, August 28, 1920, page 269. Abstract from this paper and other literature on benzyl benzoate upon request.

HYNSON, WESTCOTT & DUNNING BALTIMORE

TRY

LANGTON RX OPTICAL WORK

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

C. A. L. Langton

Manufacturing Optician
419 Boylston St.

Boston, Mass.



Diet Materials

MY REPUTATION IS FIREPROOF

THE OFFICE OF A MEDICAL FRIEND OF OURS WAS DESTROYED BY FIRE

"I'M STARTING AGAIN IN A NEW OFFICE," SAID THE DOCTOR, MY BIGGEST ASSET—my NAME—is FIREPROOF."
"Fire could not destroy my reputation, because it has been solidly built upon my infant feeding successes. Feeding babies successfully, and the consequent patronage of many mothers, has been the foundation-stone and support of my name."
"I have been assisted in my successful infant feeding work by the policy and practice of the manufacturers of MEAD'S DEXTRI-MALTOSE."

The gratifying results obtained with COW'S MILK, WATER, and MEAD'S DEXTRI-MALTOSE, and the simplicity of the use of this combination, have won the voice of approval of physicians over the whole country.

THE DIRECTIONS ARE FURNISHED IN SEPARATE PAMPILETS, CALE CARDS, MODIFYING SYSTEMS, ETC., TO PHYSICIANS ONLY. Samples, analyses, and information regarding the use of MEAD'S DEXTRI-MALTOSE will be gladly sent you on request.

IND U.S.

ANSVILLE falkirintmini bata ing kala

THE MEAD JOHNSON POLICY

DEXTRI-MALTOSE IS ADVERTISED ON ICAL PROFESSION NO FEEDING DIRECT NY TRADE PACKAGES INFORMATION RESEREACHES THE MOTHER ONLY BY WRIONS FROM HER DOCTOR ON HIS OWN PROFESCRIPTION BLANK.

Oculists Prescription Work

THE SMITH-SOMES CO. **OPTICIANS**

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Harlford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess



"Just What a Ligature Should Be"



Armour's Surgical Catgut Ligatures, plain and chromic, Emergency (20 in.), Regular (60 in.) lengths.

Sizes ooo to Number 4 inclusive.

Smooth, strong and sterile.

lodized Catgut Ligatures.

Smooth, strong, sterile and very pliable, 60 inch lengths only.

Sizes oo to Number 4 inclusive.

Made from stock selected in the abattoirs especially for surgical purposes.

Pituitary Liquid (Armour) ½ c. c. (obstetrical), 1 c. c. (surgical), oxytocic and stimulant. Free from preservatives.

Endocrine Gland and Organotherapeutic Products.

Literature to pharmacists, physicians and hospitals on request.



Maine Medical Association meets at Bangor, 1921

CATALOG

B.B.

THE JOURNAL



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

VOL. XI, No. 6.

JANUARY, 1921.

\$2.00 per year

GASTRON

"arrives"

For a long time GASTRON was "the thing beyond," the product-to-be—an extract of the entire stomach glands, alcohol-free. The idea that this would be of great interest and importance to the physician was persistent.

Now GASTRON, the reality, actually representative of the gastric gland tissue juice in active principles, in complex properties,—obtained by acid-aqueous-extraction—has "arrived," through actual clinical trial, as a reliable and efficient resource in dealing with disorders of gastric function.

FAIRCHILD BROS. & FOSTER, NEW YORK

OFFICERS.

President—T. E. Hardy, Waterville, 1st Vice-Pres.—G. R. Campbell, Augusta, 2nd Vice-Pres.—James McFadyen, Milo. Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District,	J. F. Thompson, Portland,	Term e	xpire	s 1921.
Second District,	E. V. Call, Lewiston,	4.4	-6.6	4.4
Third District,	W. E. Kersliner, Bath,	4.4	6 6	1923.
Fourth District,	F. H. Badger, Winthrop,	4.4	6.6	6.6
Fifth District,	Lewis Hodgkins, Ellsworth,	4.6	6.6	1922.
Sixth District,	C. H. Burgess, Bangor,	4.6	6.6	4.6

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	S. I. Andrews, Lewiston,	L. J. Dumont, Lewiston.
Aroostook,	P. E. Gilbert, Ashland,	F. E. Bennett, Presque Isle.
Cumberland,	N. M. Marshall, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Hancock,	A. H. Parcher, Ellsworth,	Geo. A. Neal, Southwest Harbor
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	J. G. Hutchins, Camden,	H. W. Frohock, Rockland.
Oxford,	O. S. Pettingill, Hebron	W. T. Rowe, Rumford.
Penobscot,	Jarvis B. Woods, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxcroft.
		C. N. Stanhope, Dover, Acting.
Sagadalioc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	H. W. Smith, Norridgewock,	C. E. Richardson, Skowliegan.
Waldo,	Elmer Small, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles—	Editorial Comment— Maine Medical School
A Thirty-Minute Address to Medical	Cancer Control
Men on Food Poisoning, with Spe-	Miscellaneous—
cial Reference to Botulism 179	Necrology 20
Medical School of Maine	County News and Notes

LIP-READING

MULLER-WALLE METHOD

For the Hard-of-Hearing and Deaf Adult

Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS

MISS MARGARET J. WORCESTER

Montreal Canada

65 Thomas Street Portland, Maine

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address:

For Particulars and Rates write to FRANCIS J. WELCH, M.D.

698 CONGRESS STREET

EAST PARSONSFIELD, MAINE

THE BOWDOIN MEDICAL SCHOOL

Addison S. Thayer, Dean,

10 Deering Street, - Portland, Maine



Dr. Leighton's Hospital

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Telephones | 1318 | 1406

Portland, Maine



Markarian Building



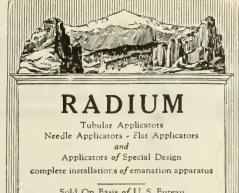
175 State Street

Springfield - Massachusetts

DEPENDABILITY—

As applied to our Laboratory, dependability means

- Absolute accuracy in the analysis of all specimens.
- -Promptness in the forwarding of reports.
- Fees that are reasonable, yet consistent with careful work.



Sold On Easis of U. S. Eureau of Standards Certificate

Correspondence Invited By Our PHYSICAL, CHEMICAL and MEDICAL DEPARTMENTS

THE RADIUM COMPANY OF COLORADO, Inc.

Main Office and Reduction Works DENVER, COLO., U. S. A.

Branch Offices

IOS N. State St. 50 Union Sq. CHICAGO NEW YORK LONDON PARIS

An Important X-Ray Library for Physicians

A Textbook of Radiology (X-Rays)

By Edward R. Morton, M.D., C.M., F.R.C.S., Past President Section on Electrotherapeutics, Royal Society of Medicine, etc. Second edition, revised and enlarged. 265 pages, with 36 plates and 39 illustrations in the text. Price, cloth, \$4.50.

Roentgen Technic (Diagnostic)

By Norman C. Prince, M.D., Attending Roentgenologist to Omaha Free Dental Dispensary for Children; Associate Roentgenologist to Douglas County Hospital, etc. 150 pages, 65 illustrations. Second revised edition. 65 illustrations. Price, cloth, \$2,75.

Radiography in the Examination of Liver, Gall Bladder, and Bile Ducts

By ROBERT KNOX, M.D., Radiographer, King's College, Hospital, 64 pages, with illustrations. Price, cloth, \$2.50.

The Radiography of the Chest

Vol. I. Pulmonary Tuberculosis. By WALTER OVEREND. M.A., M.D., B.Sc., Hon. Radiologist and Physician to Electrotherapeutic Department. East Essex Hospital: Radiologist to City of London Hospital for Diseases of Chest, etc. London. 119 pages, with 9 line diagrams and 99 radiograms. Price, cloth, \$5.00.

Systematic Development of X-Ray Plates and Films (and Lantern Slide Making)

By LEHMAN WENDELL, B.S., D.D.S., Chief of the Photographic Work and Instructor of Prosthetics and Orthodontia, College of Den-tistry, University of Minnesota, etc. 96 pages, with 50 original illustrations. Price, cloth,

Manual of Roentgenotherapy

By Albert F. Tyler, B.Sc., M.D., Professor of Clinical Roentgenology, Creighton Medical College; Attending Roentgenologist, St. Joseph's, Bishop Clarkson Memorial, Ford, Immanuel, Douglas County and Lord Lister Hospitals, Omaha. 162 pages, with 111 original illustrations. Price, cloth, \$2.75.

X-Ray Observations for Foreign Bodies and Their Localization

By Captain Harold C. Gage, A.R.C., O.I.P., Consulting Radiographer to the American Red Cross Hospital of Paris; Radiographer in Charge Military Hospital 76, Ris Organis and Complementary Hospitals. 85 pages, with 55 illustrations. Price, cloth, \$1.75.

and for copies of these books to-day. Also ask for circular of our X-Ray books. When writing and ordering, mention this Journal. Send for copies of these books to-day.

C. V. Mosby Co. — Medical Publishers — St. Louis

BRONCHITIS

In the treatment of bronchitis, especially the bronchitis accompanying pulmonary tuberculosis, and the respiratory complications of other infectious disorders, the use of

CALCREOSE

has been attended by such good results, that many clinicians have shown it favor.

The pharmacology of CALCREOSE is the pharmacology of calcium and crossote, but unlike crossote, CALCREOSE does not cause gastric distress or irritation. Therefore when crossote action is desired without these untoward effects, CALCREOSE is an excellent form of crossote medication.

The dosage of CALCREOSE is accurately and easily regulated. Patients do not object to creosote in the form of CALCREOSE.

TABLETS

POWDER

SOLUTION

Samples and details will be sent on request

THE MALTBIE CHEMICAL COMPANY NEWARK, NEW JERSEY



The STORM ABDOMINAL SUPPORTER

Adapted to Use of Men, Women and Children and Babies FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREGNANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.









Special Kldney Belt

No Rubber Elastic

Inguinal Hernia Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA.



New Victor Developments

COMBINATION STEREO-PLATE SHIFTER—Instead of two separate apparatus, for Vertical and Horizontal stereo-radiographs respectively, this service is now available in one unit. Two sizes of plates can be used, 11x14 and 14x17. Is mechanically correct, easy to operate, conserves space.





having an independent set of adjustments.

"MULTIPLEX" STEREO-SCOPE—No more ean it be said that viewing of stereo-plates eauses eye strain. This new Victor model has every adjustment necessary to relieve it—even to bringing into perfect stereo vision plates which are out of alignment due to incorrect position at time of exposure. Two ean study the same plates at the same time, each observer

THERMO-THERAPY LAMP—Here is a therapeutic lamp that does not have a foeal or "burning" point. This Vietor lamp throws its rays evenly over the entire field. Regardless of the distance lamp is held from part under treatment, it is always eomfortable to patient—an even distribution of heat that is entirely therapeutie

MONORMAN CONTROL TO THE TOWN AND THE TOWN AN

in effect.



HERE THE PROPERTY FOR THE STATE OF THE STATE

FULGURATION COIL—This is the Vietor response to the demand for a specialized apparatus for treatment of bladder tumors with high frequency fulguration. Delivers a smooth eurrent that is without any faradic sensation. The first and only fulguration eoil with a fulguration meter to indicate relative intensity of heat produced, thereby making possible the duplication of technique. Utmost refinement of control.

Separate descriptive bulletin on each of the above now ready. Write us which are of interest to you and further details will be promptly forthcoming.

VICTOR X-RAY CORPORATION

General Offices and Factory:

Jackson Boulevard and Robey Street
CHICAGO

Sales Offices and Service Stations in all principal cities

Adrenalin in Medicine

5-In Combination with Local Anesthetics

THE importance of Adrenalin in the induction of local anesthesia can be estimated by a realization of the fact that one of the major prerequisites of an efficient local anesthetic is that it be compatible with Adrenalin.

In the rôle of synergist to the anesthetic Adrenalin serves a threefold purpose; it blanches the tissues, giving the surgeon a clear field of operation; it confines the anesthetic to the area into which it is infiltrated, preventing absorption and possible toxic manifestations; it intensifies and prolongs the anesthesia by diminishing the circulation, thus obviating the dilution, oxidation and rapid destruction of the anesthetic in the tissues.

The question of the quantity of Adrenalin to be injected with the local anesthetic solution deserves special consideration on the part of the surgeon. It should be remembered that after the effects of the injection of a large dose of Adrenalin have been dissipated, after the local ischemia has subsided, the patient is

liable to have a secondary hemorrhage, owing to a reaction in the walls of the vessels which manifests itself in obstinate dilatation. Many instances of sloughing are attributable to the strangulation ensuing upon the injection of too much Adrenalin. It is incumbent upon the surgeon, therefore, to regulate carefully the Adrenalin content of the anesthetic solutions he employs.

In laparotomies and other major operations in which an ounce or more of anesthetic solution is required the proportion of Adrenalin need not exceed 1 in 100,000. This concentration can be approximated by adding five drops of the 1:1000 Adrenalin to the ounce of anesthetic solution. When smaller quantities are to be injected it is permissible to increase the Adrenalin proportion to 1:50,000 or 1:40,000.

The most satisfactory results are obtained by first sterilizing (boiling) the anesthetic solution and then, after it has partly cooled, to add the requisite number of drops of Adrenalin 1:1000. This permits of gratifying flexibility; the surgeon is enabled to vary the proportion of Adrenalin

in the anesthetic fluid at will and with a minimum of inconvenience.



PARKE, DAVIS & COMPANY

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

JANUARY, 1921.

No. 6

*A THIRTY-MINUTE ADDRESS TO MEDICAL MEN ON FOOD POISONING, WITH SPECIAL REFERENCE TO BOTULISM.

Jos. Milton Rosenau, M. D., Brookline, Mass.

The subject of food poisoning is an old one. The potential dangers existing in foods was probably first recognized by man when he learned that food was a necessary evil for the maintenance of life. With the advance of the civilization of the human race we find codes governing the civil and religious activities of peoples. In those codes are rules designed to guard against the consumption of various foods which we know today to be highly dangerous, and these rules gained strength by being accepted as a part of the religious belief. We can readily understand how they acquired their knowledge. Unfortunately we are still following the same methods today, and naturally so, because the understanding of the why and wherefore of these poisons had to await the coming and the development of the chemist and the toxicologist, the bacteriologist and the serologist.

The importance of the problem to-day is shown by the fact that there have been, in this country, 10,680 outbreaks of so-called "ptomain poisoning in the twelve years between 1907 and 1918 inclusive. That would give an average of approximately sixty-eight outbreaks per million people per year. Practically every type and variety of food has

^{*} Read before the Maine Medical Association June -, 1920, at Augusta, Me.

been incriminated. On the basis of the statistical data covering the twelve years mentioned, Dr. Sisco, of our department, has found that the responsibility is divided as follows:

Meats (not canned),	1,385 = 12%
Fish (not canned),	876 = 9%
Canned foods,	1,482 = 13%
Milk and milk products (not canned),	1,100 = 7%
Miscellaneous foods (not canned).	1.011 = 9%
Unknown causes,	4.856 = 50%
Number of cases per year,	4,896
Number of deaths per year,	214.6
Per cent. mortality,	4.44

The problem of food poisoning divides itself into three distinct branches: First, what are these poisons? Second, how are they produced? Third, what measures can be adopted to prevent their occurrence?

Gaspard, in 1908, noticed that decomposed blood, pus, meat and plants become poisonous, and since their decomposition was accompanied by putrefaction, he called the substance produced "putrid poison." We find in this early observation the beginning of that practice which finally culminated in the word "ptomain" (from ptoma, a corpse); the giving of names to observations, names which, with usage, have come to be accepted as defined entities, whereas in truth they simply add do our knowledge of what we don't know.

The first attempt to identify these poisons was made by Kerner in 1820 who extracted from sausage a substance similar in its action to atrophine and which he thought was sebacic acid. In the light of our present knowledge we believe this substance to have been the toxin of B. botulinus. In the same year Virchow showed that the activity of the products varied with the stage of putrefaction, and advanced the belief that such products resembled ferments in their action, and in 1850 Panum, the Danish physiologist, isolated, but did not identify such a substance having the action of a ferment. At about this time the various xanthine bodies, guanine, karnine, creatinine and betaine were given a share of the blame. These, in contradistinction to "ptomains," were classified as leucomains and considered the result of normal physiological activity.

In the following several years we find different investigators either

isolating or recognizing various toxic substances in cadavers. Thus Marquardt in 1865 isolated a toxic alkaloid which he called *septicine*, and in 1868 Bergmann and Schmeiderburg reported the presence of "sepsine." Selmi, the Italian toxicologist, reported in 1873 the isolation of a group of substances from cadavers, all of which gave the characteristic reactions of alkaloids and some of which were toxic. He coined the word "ptomaine" to describe them, and it is interesting that even in his day the word was used as an unassailable refuge of ignorance. Gautier confirmed Selmi's work and suggested that they were incomplete oxidation products of the albumins.

Just about the time the ptomain theory was beginning to be seriously questioned, its greatest exponent, Brieger, published an extensive work. That was in 1885. He isolated from putrid material a number of "ptomains," some active and some entirely inert. Among them may be mentioned neuridine (C₄H₄N₂), a non-poisonous diamine; cadaverine (C₅H₁₄N₂) and putrescine (C₄H₁₂N₂), which are practically inert diamines; trimethylamine (C₃H₁₃N₅); betaine (C₅H₁₂NO₃), and choline (C₅H₁₅NO₂) and neurine (C₅H₁₃NO), the last two being distinctly toxic. He isolated "mytilatoxin" from decomposed mussels, "peptotoxin" from peptonized proteins, "typhotoxin" from B. typhosus and "tetanotoxin from B. tetani. During the same year Vaughan isolated "tvrotoxicon" from poisonous cheese, but was unable to demonstrate its presence in all poisonous cheese. In brief, it may be said that there are chemically two groups of poisons that are held responsible for the symptoms attributed to "ptomains." First, the relatively simple substances. such as diamines, peptamines, oxy-acids, pyridines and choline derivatives, and second, the more complex substances, such as Brieger's "peptotoxin" and Vaughan's "tyrotoxicon."

In 1906 Pozzi-Escot attempted to define the word "ptomaine," and said that it was a name "more especially reserved to designate those alkaloidal substances, generally highly hydrogenized, that are formed outside the organism, from the fermentative action of microbes on albuminoid matter." Practically all toxic substances of biologic origin are called ptomains by Pozzi-Escot, and the book especially well illustrates the wide and vague application which the term "ptomaine poisoning" has acquired.

But the belief has been growing, and with our accumulation of data it has been gaining ground rapidly, that the symptoms in food poisoning attributed to "ptomains" are in reality due to the activity of bacteria.

There is probably no more fascinating group of organisms, no group that offers so much chance for investigation with so much promise of result as the intestinal Gram negative bacilli, and practically every organism, with only one important exception, that has even been incriminated in food poisonings is a member of this group. Their members range from organisms of practically no pathogenicity to those of the highest pathogenicity, and find their habitat either normally or in pathological processes not only in man but in the lower animals, a number of which man uses for food, and even in birds. The epidemiological significance of such a group must, of course, be evident. Beginning with B. cloacae at one end, the group includes:

B. coli communior	В.	psittacosis	
B. lactis aerogenes	В.	icteroides	
B. coli communis	В.	dysenteriae	Shiga
B. acidi lactici		"	Hiss-Y
B. coli anaerogenes		6.6	Flexner
B. paratyphosus A.		"	Strong
B. paratyphosus B.		**	Rosen
B. enteritidis Gartner	В.	Morgan No	o. 1
B. cholerae suis	В.	typhosus E	berth
B. typhi murium	В.	fecalis alka	ligenes

The relationships between the various members of this group are still not clearly defined, especially between the organisms which bear a close resemblance to human paratyphoid B.

DISCUSSION

The first observation incriminating bacteria in food poisoning was made by Klein in 1880, when he reported to the local government the isolation of organisms from ham that had caused illness. Five years later Salmon and T. Smith isolated B. cholerae suis from diseased hogs, which they believed then was the cause of the disease. But in 1888 Gartner offered the first complete and conclusive evidence, tracing the etiological factor in fifty-seven cases of poisoning that occurred at Frankenhausen to the meat of a cow that had been killed because it was suffering from an enteritis. He isolated the B. enteritidis from the flesh of the cow and the liver of one case that came to autopsy. B. typhi murium was isolated by Loeffler in 1893 from an epizootic among

his laboratory mice, and it was recommended that the organism be used for their destruction, but Shibayama subsequently reported instances of human illness resulting from the promiscuous use of cultures for this purpose. In the same year Nocard isolated the B. psittacosis from a fatal disease that occurred among parrots, and which caused an outbreak of very high mortality in Paris. So we find in these three last instances that members of the group pathogenic for the lower animals are beyond doubt pathogenic for man.

Regarding the prevalence of these outbreaks, Bollenger reported in 1880 a number of outbreaks of meat poisoning involving 2,400 people, 35 of whom died, and Ballard reports 14 others that occurred between 1779 and 1888. Mayer reports 48 outbreaks between 1888 and 1911 attributed to B. enteritidis, with approximately 2,000 cases and 20 deaths, and 77 outbreaks from 1893-1911 due to paratyphoid B. or B. cholerae suis. About the same number of cases and deaths occurred from this cause. Savage reports 79 outbreaks in Great Britain from 1878 to 1911. All these outbreaks were traced to unprepared meat and prepared meat products, canned meats and brawn and meat pies.

There is no positive evidence connecting B. coli or any of the other organisms mentioned with outbreaks of food poisoning, although it is not possible to exclude them as potential causes. Dr. Aronovitch, of our laboratory, has been carrying out an extensive study of these organisms, especially with regard to their ability to produce toxins, and finds that a number of them are able to produce relatively thermostable toxins of considerable potency. If that be true, and recent work by other investigators seems to show that it is true, we may ultimately be able to trace to them many of the outbreaks which we are unable to ascribe to any specific cause at present.

There is one other organism that I have not yet mentioned, which is responsible for food poisoning. That is the B. botulinus, the cause of botulism. Some very recent outbreaks of olive poisoning in which the B. botulinus was isolated and the very high mortality, about 70%, has focused the attention of the people upon it, and inspired a fear which is out of all proportion to the actual danger. In the last twenty-two years there have been only 150 cases of botulism, of which 111 proved fatal.

Botulism has been recognized as a clinical entity in Germany since 1735. In 1895 van Ermengen isolated the causative agent from an outbreak that occurred in Ellzelles, Belgium, and called it B. botulinus.

The organism produces a true neurotoxin similar to that of B. diphtheriae and B. tetani, but differing from them in that it is not destroyed when taken into the stomach. It is also a spore former. Until very recently, the organism was considered a saprophyte, that is, that its disease producing powers depended upon a preformed toxin, a toxin produced before ingestion, and that the organism was unable to produce the toxin in the animal body, but recent findings of Mr. Orr, of our laboratory, throw considerable doubt on this point, and suggest a very strong possibility that the toxin may be formed in the animal body when the toxin free spore is taken into the stomach. Another point of great interest in this connection is the fact that the spores of B. botulinus are highly resistant to the various influences usually employed to cause their destruction.

Symptoms.

The cardinal manifestations of botulism are loss of nervous tone, ophthalmoplegia and paralysis.

The loss of nervous tone manifests itself in

- (1) Indefinite indisposition (7) Tendency toward a "step-(2) Fatigue page" gait
- (3) Dizziness (8) Offensive fetid breath
- (4) Headache (9) Muscular weakness, and
- (5) Restlessness (10) Sometimes urinary inconti-
- (6) Indefinite sensations of chil-nence liness

The ophthalmoplegia may be responsible for some of the above symptoms, due to its results, such as

- (11) Dim imperfect vision (13) Pupillary dilation
- (12) Diplopia (14) Ptosis

The ophthalmoplegia is merely a phase of the more general paralysis, but can be conveniently separated because of the striking character of its manifestations.

The paralysis is an ascending paralysis, manifesting itself first in the intestines, perhaps due to the involvement of the mesenteric plexus, then gradually passing upward, progressively involving higher centers until the medulla is reached. The motar areas are almost never involved. In a few cases there is irritation of the intestinal mucous membrane resulting in nausea, vomiting and diarrhoea, but this is the exception. The predominant picture is complete peristaltic paralysis, re-

sulting in obstinate constipation. Loss of appetite occurs, and there develops a great dryness of the throat with the collection of thick, glairy mucus, which leads to an ineffectual cough in some cases. Difficult articulation and perhaps complete aphonia, accompanied by an inability to swallow and a sense of constriction about the throat, soon appear, due to paralysis of the laryngeal and pharyngeal muscles. Increasing difficulty in breathing develops and death occurs with complete paralysis of the respiratory center. The disease is marked by the absence of pain and mental or sensory disturbances. Recovery, if it occurs, follows a long, slow, discouragingly tedious convalescence.

PATHOLOGY.

The pathology of the disease has been but little studied. Wilbur and Ophuls reported hyperæmia of the viscera and widespread thrombosis in the blood vessels of the meninges and brain. Dickson concludes that thrombosis in the blood vessels of various organs of the body is a characteristic lesion of the disease. It is impossible at this time to describe any pathology which is pathognomonic or even generally accepted as characteristic of botulism.

THERAPY.

Reports of human antitoxin therapy are too meagre to be conclusive. It must be given early to be effective and it is not always possible to recognize an early indication for its administration. In view of the fact that chickens develop the disease and die within the period of incubation in man, Dickson suggests that as a test. But such an index is not always available. One difficulty lies in the strain differences found, the antitoxin produced against the toxin of one strain being unable to neutralize the other. At the present time no polyvalent serum has been successfully used. Other treatment seems to be the application of those measures usually employed in cases of poisoning and intoxication, and the administration of such drugs as seem indicated. Armstrong noticed that the ingestion of alcohol during or immediately after the meal seemed to have a neutralizing effect on the toxin. It is known that the alcohol neutralizes the toxin in vitro.

But the most important problem in botulism, as you can see, is its early diagnosis. The rapid course of the disease makes this very difficult, and the patient is almost always too far advanced before any specific measures can be adopted. That phase of the problem is being

attacked in our laboratories from the serum diagnosis point of view by Dr. Bronfenbrenner.

Regarding the preventive measures to safeguard the public health from infections with B. botulinus, those same sanitary measures must be applied that are used in preventing contamination with other bacteria. There is, however, this one special problem. There are six billion cans of food consumed in this country every year. These foods are sterilized in a variety of ways, the great majority of the methods depending upon heat sterilization under steam pressure. The question arose whether the sterilization employed was adequate to destroy the notoriously resistant spores of B. botulinus. That is one of the phases of the problem we attempted to answer and have established thermal death rate curves for the organism. A total of ten thousand exposures were made, using a special technique and special apparatus, to establish this one point and to determine the influence of various factors. I will touch on only two or three of these.

Strain difference No. of spores Age of spores H-ion concentration Osmotic pressure Effect of oils and syrups Effect of anions, etc.

MEDICAL SCHOOL OF MAINE. PRESENT STATUS OF MEDICAL SCHOOL AS SHOWN BY CORRESPONDENCE.

January 1, 1921.

Dr. N. P. Colwell.

Secretary Council on Medical Education, 535 North Dearborn St., Chicago, Ill.

My dear Doctor Colwell:—I am writing as chairman of a committee appointed to take steps toward having the Medical School of Maine (Bowdoin Medical School) converted into a State institution to be supported by a State appropriation. The committee is very anxious that the school shall not be discontinued, and is doing all in its power to favor the placing of the school under the supervision of the State. The committee has brought this project to the attention of Governor Milliken, Governor-elect Parkhurst, the Budget Committee, and various organizations, and has received much encouragement.

A budget sheet has been prepared. Dr. L. D. Bristol, State Commissioner of Health, has been consulted, and is heartily in favor of the establishment of a close connection between the Medical School and the Health Department of the State. He asked for a new building this year, and would be glad to have the headquarters of the State Health Department moved from Augusta to Portland, and a new building located on the school lot in Portland, so as to fill the double function of new quarters for the Health Department and a new building to accommodate the first two years of the school, hitherto carried on in Brunswick. He would like to establish a course in public health (in connection with the school), leading to the degree of Doctor of Public Health, and his idea would be to have the first two years the same as the regular medical course, the last two devoted to special work fitting the students for performing the duties of the full-time health officer. He would also like to have courses given for public health nurses, and postgraduate courses and clinics for the benefit of the physicians of the State. He suggests that, in case there should be such a close union of the school and Health Department, a number of his staff would teach in the school, and might be counted as full-time men.

The committee proposes, in addition to the staff of the Health Department, to engage full-time men in the departments of anatomy, physiology, chemistry, clinical pathology, histology and embryology. It is estimated that we would be obliged to pay these full-time men on the average of \$3,500 each. The department of pathology and bacteriology would be strengthened by Dr. Thompson, who has had experience in teaching, and who is now director of the state laboratory, and has two laboratory assistants, who would be valuable as teachers in the school. This would be in addition to Dr. Follett, who, under the new arrangement, would give his entire time to the department of pathology and bacteriology. The department of chemistry would then be organized as follows: A full-time head of the department, the chemist of the State Health Department as associate or assistant professor, and another assistant chemist of the Health Department. The department of histology and embryology would then be under the direction of a full-time professor.

This counting of two full-time professors (or associate professors) and four assistants from the Health Department staff, and the five additional full-time men to be secured, together with Dr. Follett, would make up the quota of eight full-time teachers, either professors of associate professors, and four assistants. The estimated additional cost of this arrangement would be provided for by a State appropriation of \$35,000, and \$5,000 more for immediate equipment would bring the total necessary State appropriation for the first year up to \$40,000. For the second year (1922-23) the committee considers that an additional appropriation of \$15,000 would be needed for equipment which would bring the total for that year up to \$50,000, making the total appropriation for the two years about \$90,000.

The committee wishes at this time to know whether or not you would favor this arrangement with the State Department of Health, and whether you would favor counting the five additional members of the Health Department staff that would teach in the Medical School as full-time men. If you should not favor the joining with the State Health Department, or if the plan should not be favored by the Legislature, then the committee plans to ask for a State appropriation large enough to cover the twelve full-time teachers required by the council on medical education. The committee estimates that the salary cost will amount to \$45,000 per year. This would bring the total State appropriation needed by the school up to \$50,000 for the year 1921-22, and \$65,000 for \$1922-23.

A plan for the thorough reorganization of the Medical School

faculty by departments would be effected by the State taking over the original charter and amending this charter to meet modern requirements, and then putting it in the hands of a Board of Trustees appointed by the Governor. It has been suggested that the President of the Maine Medical Association, a body which has existed for over seventy-five years, might be a member of the board of trustees *exofficio*. The presidency of this association changes every year.

The committee will be glad to receive suggestions from you as to the proper form of a charter for the school. It will be understood, of course, that no member of the present Bowdoin Medical School faculty will be sure of a place on the teaching force of the reorganized school. Many of the present teachers would not be needed on account of the taking on of so many full-time men. At the same time, it would seem to the committee desirable that the new board of trustees should maintain a continuity in the school by continuing those men as teachers who have proved themselves efficient.

The committee finds much enthusiasm in the State for maintaining a medical school, and our committee wishes to obtain some assurance that the Council will be willing to continue the reorganized school in Class A.

Legal advisers to the committee believe it probable that the courts will give to the reorganized school the property which belongs to the present school. This will be the more likely if the old charter, which was given to the governing boards of Bowdoin College to administer, should be returned to the State, and after being amended, used as the charter for the reorganized school. The value of the property of the school is estimated to be between \$300,000 and \$400,000. It consists of a medical building in Brunswick, a medical building and lot (20,000 feet) in Portland, and Edward Mason Dispensary on India Street, Portland, and a half interest in the Garcelon and Merritt Fund of about \$386,000.

Steps have already been taken to obtain a close relationship with the Maine General Hospital, and the committee believes that it would be possible for the medical faculty to obtain practical control of the attending staff, as well as the clinical teaching material in the hospital. Other plans are under consideration for developing an out-patient maternity service in connection with the dispensary on India St.

I am enclosing a tentative draft of the budget prepared for presen-

tation to the Budget Committee of the Legislature, including the two estimates, one showing the appropriation needed for carrying on the school in combination with the Health Department (\$39,567), and the other, (\$51,917) being that needed by the school without the Health Department combination.

The committee wishes to know if either or both of these arrangements outlined would be satisfactory to the council on medical education so that the school could be continued as a Class A school. As has been stated previously, the committee also would like to have any suggestions from you as to a suitable charter for the reorganized school.

An early reply would be appreciated.

Very sincerely yours,

BUDGET SHEET No. 1, BOWDOIN MEDICAL SCHOOL.

ESTIMATES OF SALARIES FOR YEAR 1912-1922.

TENTATI	VE
Anatomy (Professor)\$1,000.	()()
Anatomy (Associate Professor), full time	00
Anatomy (Assistant), full time	()()
Anatomy (Assistant Professor and Demonstrator) 100.	()()
Chemistry (Professor), full time	00
Chemistry (Assistant), full time	()()
Children, Diseases of (Professor)	()()
Dermatology (Professor)	00
Eye. Diseases of (Professor)	00
Histology and Embryology (Professor), full time 3,500.	00
Histology and Embryology (Assistant), full time	00
Jurisprudence (Professor) 100.	00
Materia Medica (Professor)	00
Materia Medica (Pharmacology) (Associate), full time 3,500.	00
Medicine (Associate Professor)	00
Medicine (Clinical Diagnosis Assistant), full time	00
Medicine (Clinical Professor)	00
Medicine (Pulmonary Diseases)	00
Medical Ethics (Professor)	00
Mental Diseases (Professor)	00

Neurology (Professor)	250.00
Nose and Throat (Professor)	100.00
Obstetrics (Professor)	100.00
Orthopedics (Professor)	100.00
Pathology and Bacteriology (Professor)	1,000.00
Pathology (Clinical Associate)	3,500.00
Pathology (Associate)	3,500.00
Pathology (Assistant)	200.00
Physiology (Professor)	1,000.00
Physiology (Associate), full time	3,500.00
Physiology (Assistant), full time	2,000.00
Public Health (Professor)	400.00
Surgery (Professor)	1,000.00
Surgery (Professor in Genito-Urinary Surgery)	100.00
Surgery (Instructor)	100.00
Surgery (Instructor in Minor Surgery)	100.00
Women, Diseases of (Professor)	500.00
Dean	1,000.00
Deputy Dean	75.00
Clerical Aid to the Dean	100.00
Secretary to the Faculty	200.00
Total\$	
Total Estimate of General Expense	
Estimated Cost of New Equipment	
Estimated total for 1921-22	
Estimate of Tuition 1921-22	
Estimate of Need for 1921-22	50,667.00

January 5, 1921.

DR. F. N. WHITTIER,

Bowdoin Medical School,

Brunswick, Maine.

Dear Doctor Whittier:—Your letter of January 1 has been received.

Men connected with public health work, as a rule, cannot be considered as full-time teachers in the Medical School. The heads of the various laboratory departments should be picked because of their particular ability as medical teachers, and this might not be the case if the

chairs were occupied by those already connected with the State Department of Health. Nevertheless, the closest possible connection with the State Department of Health is desirable, since the interests of that department and of the Medical School are mutual. Until the Medical School itself has been brought to a satisfactory plane, it would be inadvisable to attempt the giving of courses leading to the degree of Doctor of Public Health or any other courses of that sort. In other words, money badly needed for the Medical School should not be diverted to these—at present—side issues. This, of course, does not in any way diminish the importance of courses for public health officers.

The only instance where a medical college has been made a State institution independent of the State University is the Medical College of the State of South Carolina at Charleston. May I suggest that you write to the dean of that college and ask him to give you full particulars in regard to their campaign for funds, a copy of the law by which the college was made a State institution, and facts in regard to the size of first and subsequent appropriations. From all I have heard, the arrangement in South Carolina has worked satisfactorily. That school might also give you important suggestions in regard to affiliation with the State Health Department.

In regard to total finances; in the knowledge obtained in regard to other medical schools, I do not see how you can possibly bring your Medical School to a satisfactory plane without an appropriation of at least \$50,000. It would be far better if it could be \$65,000 or \$75,000. The initial appropriation in South Carolina, unfortunately, was only \$10,000. The college carried on a campaign for additional funds, which resulted in the raising of \$76,000 in ten days' time in subscriptions from the citizens of Charleston. You might carry on a similar campaign among the citizens of Portland. They ought to be willing to give you a generous sum in order to keep the Medical School in operation. If, in addition, they could be prevailed upon to give a tract of ground of fifteen or more acres, it would make an excellent campus for the medical college buildings and allow space on which other hospitals could be permitted to build on condition that the Medical School control the teaching material and provide the attending staff from its faculty members. If this tract of ground is secured, drawings should be made showing the arrangement of the first college building to be erected, outlines of those planned for the future growth of the school,

and any hospitals which may be planned. Drawings of this kind are of great assistance in any campaigns made to raise funds for medical education. Such plans have worked with great success in Nebraska, Oklahoma, Oregon and Augusta, Georgia. I believe the South Carolina people can tell you the best schemes for raising funds from the public; the University of Nebraska and the University of Oregon could give you excellent suggestions as to how they raised the money from their respective legislatures.

You have my hearty good wishes for the success of your proposed campaign. I think that by all means the Medical School should be continued.

Very truly yours,

Secretary,

Council on Medical Education and Hospitals.

REPORTS OF THE BOARDS OF BOWDOIN COLLEGE.

December, 1920.

Whereas the Council of Medical Education and Hospitals of the American Medical Association, through its Secretary, Dr. N. P. Colwell, has advised the boards of trustees and overseers of Bowdoin College, through the President of the College, that conditions in the Medical School are

"So seriously below the council's requirements for an acceptable medical school that the Council has no other alternative than to place the institution in 'Class B' of American Medical Schools', and

Whereas it is deemed by said Board of Trustees and Overseers of the college not to be expedient to continue said school in said Class B, and

Whereas, the Boards of Trustees and Overseers of the College see no other way at the present time of meeting the requirements necessary in the opinion of the said Council of the American Medical Association to continue the school in Class A of American medical schools, now therefore, it is

L'oted: That unless before the close of the present college year a way shall be found to meet the requirements necessary to continue the said Medical School in said Class A, the school then be finally closed as a department of Bowdoin College, and that all necessary action to

that end be then taken, including the disposition by proper methods of the charter of the school; the disposition of its property and assets; the payment of its liabilities; and all necessary and proper expenses incurred in carrying out the provisions thereof, and the making of suitable provisions, if they are advisable, for the assistance, financial or otherwise, of the students now enrolled in the school. It is further

Voted: That a special committee, consisting of the President of the college, and Messrs. Payson, Cobb and Johnson of the Board of Trustees, with such members as the Board of Overseers shall join, be and hereby is appointed for the purpose of carrying into effect the provisions of the foregoing vote, and that said committee is given full authority in the premises, including power to employ and to pay counsel if necessary, and if in their judgment necessary or advisable, to confer with members of the board, either by mail or at a special meeting or meetings of the boards to be called by the President of the college in the discretion of said committee. It is further

Voted: That a copy of these votes be forwarded to the Dean of the Medical School and to the Council of Medical Education and Hospitals of the American Medical Association, and that the President of the college be instructed to use his best endeavors to arrange with the said council to continue said school in Class A until the close of the present year.

Voted: That in the event of application by members of the present faculty of the Medical School, or by other responsible persons, to the Legislature of the State of Maine, for a charter for a medical school, and for financial aid thereto, the President of the college be, and hereby is, authorized to appear before any committee or committee of said Legislature, and state that the Boards of the college have taken with deep regret the steps to close the Medical School as a department of Bowdoin College, that said steps were taken wholly for financial reasons, and that in the judgment of the Trustees and Overseers of the college it is important for the best interest of the State of Maine that there be a medical school within the State.

Voted: That in the event of the establishment of a medical school the special committee appointed to close the affairs of the Medical School are hereby empowered to offer to the new management of the school, for temporary use, such part of the buildings and apparatus of

the college as in the judgment of said committee can be placed at their disposal without injury to the college.

Voted: That a copy of this vote be sent to the Dean of the Medical School.

DR. BRYANT'S LETTER.

December, 1920.

"While in Chicago recently I had a very pleasant talk with Dr. Colwell concerning his visit of inspection. While he informed me he found conditions rather bad, he agreed with me that it would be for the interest of the State and the profession that the school be kept going, if it were possible to reorganize it and bring it up to the standard. As regards the matter of finances the money should be furnished by the State, as is done in so many of the Western States, and the school broadened in scope to meet the peculiar needs of the rural communities and the Medical profession of the State.

"I agree with Dr. Bristol that there should be closer co-operation of general health interest with the medical profession, and that the Medical School should be the logical center of its activities. The new State laboratories should be connected with the school, and there should be a Chair of Public Health established to train our State health officers, and nurses needed by the State.

"In addition, I would suggest short post-graduate courses and clinics adapted to the needs of the physician in the country towns, to keep up the standard of medicine where it is most needed. In close conjunction there should be a full-time Secretary of the Medical Association with its JOURNAL, who would have charge of the general interests of the medical profession and especially the establishing of physicians in country places where there is such a desperate need.

"The larger medical schools, like Harvard, have almost reached their limit in numbers of students, and the expense has become so great that a very worthy class of students can no longer afford to begin the study of medicine.

"Our rural communities must have physicians, and to furnish these we must have a Medical School in the State around which all our medical activities can center, and which can educate men for our own peculiar community needs."

OLD TOWN BOARD APPROVES METHOD.

OLD TOWN, January 5, 1921.

Owing to the proposed abandoning of the Maine Medical School as a part of Bowdoin College, it is now the plan for the State health authorities to create a new Maine Medical School, which shall be maintained under the patronage of the Commonwealth and become a part of the Maine Public Health Association. In furtherance of this plan, the Old Town city council expressed its approval of the scheme at the January meeting, Tuesday night, in a resolve. It was also voted to send copies of the resolve to State authorities who are interested in the plan.—Taken from the "Bangor Daily Commercial", Jan. 5, 1921.

December, 1920.

To the Governing Boards of Bowdoin College:

As a committee representing the Executive faculty of the Bowdoin Medical School, we ask leave to call to your attention the following conditions:—

On the third day of the present session of the Medical School, namely, on October 13, 1920, in response to an invitation from the President, an inspection of the school was made at Brunswick and at Portland, by the Secretary of the Council on Medical Education of the American Medical Association. A report concerning this inspection was received from the Secretary on November 29.

This report contains somewhat more than three thousand words, and comprises conditions found, a summary and recommendations.

From this report we quote Item C of the summary: "No department, in either the laboratory or clinical divisions of the school, has an adequate or well-organized teaching staff."

We quote also Item F of the summary: "Finances are inadequate to employ the required number of teachers or to properly equip and maintain the school." From a study of the report, we estimate that "finances" which the Secretary would consider "adequate" would demand for immediate laboratory equipment sums aggregating not less than \$25,000, and for salaries the income of one million dollars. We estimate that the annual budget of the Medical School, which at the present time is less than \$23,000, should be increased to approximately \$70,000.

We quote also from Item 7 of the recommendations:—"In case money cannot be raised through Bowdoin College or other sources, it

is suggested that an attempt be made to have the Medical School converted into a State institution, to be supported by State appropriations. This might be done with or without a direct connection with the University of Maine."

The report of the Secretary concludes as follows:—"At the present time, however, conditions found were so seriously below the Council's requirements for an acceptable medical school that the Council has no other alternative than to place the institution in Class B."

The report of the Secretary contains errors, some of which we note in an appendix to this communication.

The faculty of Bowdoin Medicał School respectfully suggests for consideration by the President and Trustees of Bowdoin College two principal alternatives:

First—Continuance as a Class B school until such time as requirements for re-admission to Class A can be met.

Second—Early notice of discontinuance of sessions of the Bowdoin Medical School, subsequent to June, 1921.

We feel that decisive action at the present time will serve best the interest of every one concerned.

At a meeting of the Executive faculty held on December 11, 1920, it was voted to recommend that the boards of Bowdoin College, in case no other means are available, appeal to the Legislature of Maine for the funds necessary to continue the school. The vote stood as follows: Affirmative, Thompson, McDonough, Hunt, Mitchell, Whittier, Moulton; Negative, Payson, Cram, Thayer.

The following vote was unanimous: In case it does not seem to the governing boards advisable to apply to the Legislature, the faculty advise that the charter of the school be returned to the State.

Respectfully submitted,

Committee

APPENDIX.—ERRATA.

The Secretary computes the annual income from the Merritt-Garcelon Fund as \$4,200. The Treasurer of the College reports the portion of this income belonging to the Medical School in the year ending March 31, 1920, as having been \$8,530.40; and the income from the student's fees as \$4,994.03, instead of \$9600 as stated by the Secretary.

In Item K concerning the dispensary, the Secretary says: "The

average attendance was only 12 to 15 cases per day—scarcely enough to make the holding of clinics worth while." The actual average daily attendance for the last consecutive twelve months was 27.

In Item F the Secretary states: "The dissecting room is bare, and no material for dissecting is in stock." Neither of these statements impress your committee as having significance, since it is a fact that for many years, through the operation of a Maine statute, the Bowdoin Medical School has had an abundance of dissecting material, and had at the time of the Secretary's visit.

In Item I the Secretary states: "(In the Maine General Hospital) there were no graduate interns, two students acting in that capacity." It was pointed out to the Secretary twice that there are now in the Maine General Hospital, in addition to the two student interns, two graduate interns. For many years, until war conditions came, the Maine General Hospital had four graduate interns.

Twice in the course of his report, the Secretary calls attention to the absence "hunting in the Maine woods" of the assistant professor of physiology. On the third day of the school year this assistant professor had no duties, and the professor of physiology was in attendance.

In the Medical Library at Brunswick there was no "Index Medicus or other serviceable index," the Secretary states. It is a fact, however, that for twenty years this library has had the Index Medicus bound and ready for use.

JOURNAL OF MAINE MEDICAL ASSOCIATION

Editorial Staff.

Dr. James A. Spalding, Portland. Dr. F. C. Tyson, Augusta.

DR. A. S. THAYER, Portland.

DR. BERTRAM L. BRYANT, Bangor.
DR. C. J. HEDIN, Bangor.
DR. L. D. BRISTOL, Augusta.

DR. T. E. HARDY, Waterville.
DR. FRANK Y. GILBERT, MANAGING EDITOR,
148 Park St., Portland.

County Editors.

Dr. S. E. Sawyer, Lewiston.
Dr. F. E. Bennett, Presque Isle.
Dr. Harold J. Everett, Portland.
Dr. G. L. Pratt, Farmington.
Dr. A. L. Jones, Old Orchard.
Dr. S. J. Beach, Augusta.

DR. D. M. STEWART, South Paris.
DR. H. D. McNeil, Bangor.
DR. C. C. HALL, Foxcroft.
DR. R. C. Hannigen, Bath.
DR. H. W. Smith, Norridgewock.
DR. G. A. Neal, Southwest Harbor.

DR. F. H. WEBSTER, Rockland.

Editorial Comment.

MAINE MEDICAL SCHOOL.

In the preceding pages of this issue are a series of letters published with the intent of placing before the medical profession the present status of the Medical School, together with some suggestions relative to the future. Briefly, they may be summarized as follows:

1st. The medical department is somewhat below the rating of a Class A medical school, and as such Bowdoin College will not carry it on unless the necessary funds are immediately forthcoming. As Bowdoin College will not go to the legislature for financial aid, the school will cease to exist as a department of Bowdoin College next June.

2nd. There is a serious shortage of physicians in the outlying districts of the State, as shown in the report of the Department of Health, and the only hope of supplying this deficiency lies in the continuance of a medical school in Maine.

Looking back a few years, when the graduating classes were reasonably large, there were always sufficient graduates who needed an immediate revenue to necessitate their going back into these districts for a few years, and as they prospered they moved into larger centers and their places were readily filled by new graduates. Owing to the

steady increase in the requirements for admission to the Medical School, and the outbreak of the war, the classes for the past six or eight years have been so small that few if any graduates have gone into the rural communities, and those formerly in practice there have moved to larger centers, leaving no physician to take their places. Just as conditions were about to readjust themselves in larger graduating classes, there comes to us the serious question of continuing the Medical School.

Representatives of the Department of Health, Bowdoin College, and the Maine Medical School have held several conferences seeking to devise a plan for the State to take over the Medical School, and conduct it as a State institution. This plan, briefly, is as follows: The conveyance of the charter to the State, together with half a million dollars' worth of property, whereas the State appropriates each year sufficient funds to conduct a Class A medical school, governed by a Board of Trustees, appointed by the Governor, and representing the various organizations vitally interested in the continuance of the school. This would involve the transfer of the Department of Health to Portland, with the headquarters in the Medical School buildings. A trained secretary could serve the Medical School, the Department of Health, and the Maine Medical Association. This would bring together all medical activities for the best interests of the State as well. as the medical profession. The new Board of Trustees would provide for the new teaching faculty, and with the State of Maine behind it, there would be every assurance of a Class A medical school, which would make post-graduate work not only a possibility but a certainty.

The Maine Medical Association, at its June session, voted to support any move along this line, and it is now up to the individual members to boost the project. The Department of Health asks for it and the Maine Medical Association endorses it, because the State needs it, not only as regards health alone, but as a problem in economics, so boost to your limit.

CANCER CONTROL.

It is the desire of those most deeply interested in the present campaign for cancer control to place before the medical men of the State from time to time certain outstanding facts relative to the disease and to help the profession to keep in touch with progress made in the solving of the many problems relating to cancer control.

We are fully aware to-day that malignant disease is not only relatively but actually on the increase. We also know that early operation cures in the vast majority of cases, but that the percentage of operable cases coming to the surgeon is so discouragingly small that little real progress is made in bettering our end results. In carcinoma of the uterus alone over 60 per cent. of cases presenting themselves for operation are found to be already so far advanced as to be hopelessly inoperable from the point of view of cure. The best efforts of modern surgery, with its many advances in technic, are thus rendered of no service to the community because the laity is yet not sufficiently educated up to the importance of seeking early medical advice in regard to either frankly malignant or possibly malignant conditions.

As yet we do not possess, even in spite of extensive research, a knowledge of the cause of malignant degeneration; but, even if we did possess this knowledge, our efforts for cure would still be greatly handicapped with a public still grossly ignorant of the real facts about the cure of cancer. The medical profession to-day is, however, in possession of certain fundamental facts of importance, which have already given great help in establishing differential diagnosis of the varying types of tumors, of improving the character of clinical and pathological diagnoses, of standardizing the operative procedure for the different regions of the body, and of furnishing much of value in the way of palliation by means of X-ray and radium treatment of the inoperable cases.

Decided advances have been made along the above mentioned lines, but there yet remains much to be accomplished. It is believed that the future success of efforts to control cancer lies now almost as much with the education of the laity as it does in progress in scientific research. To be successful, this educational campaign must be even more vigorous and aggressive than that against tuberculosis, for an even greater superstition regarding the nature of the disease exists than was present in regard to tuberculosis. It is deeper rooted, and, therefore, efforts to overcome it must be more determined and resourceful. A comprehensive campaign of education among the laity is now under way in this State, as has been previously announced.

There is another phase of the subject which has only recently begun to assume its proper place of importance in the minds of the profession, and that is the great importance of the recognition of pre-can-

cerous condition. In many hundreds of cases a diagnosis of malignancy is easy to make because the patient presents a well-developed and unmistakable lesion, which, because of its maturity, is already hopelessly inoperable. But, putting aside the evident cases and those in which a diagnosis is dependent on surgical removal and pathological examination, the physician is often confronted with a long list of lesions which in themselves, at the time of examination, may be in no way harmful or even suspicious, yet which, if made light of and let go untreated, in a large percentage of cases later degenerate and become malignant, while the unsuspecting patient lets it go mainly because of the former assurance of his physician that "it was nothing" but a mole, wart, simple ulcer, laceration, growth, tumor, hemorrhoid, or the natural change of life.

The dangerous character of the pre-cancerous condition is now fully recognized, and the duty of the physician toward his patient in regard to this is becoming increasingly clear. If the physician makes light of the changing wart or mole, the ulceration produced by a ragged tooth or poorly fitting dental plate, the chronic hoarseness of the voice, the small tumor in a woman's breast, the chronic indigestion or constipation, bleeding at stool, or irregularity of menstruation, and fails to make a complete examination and then to secure a surgical consultation if there is doubt in his mind as to the real nature of the trouble—if he fails to do these things he is as surely failing in his duty to his patient as if he failed to render assistance in any evident dire emergency, and at his door may later be laid the blame for a full blown, and then inoperable and hence incurable, malignant lesion.

This phase of the subject is purposely put thus strongly because it is believed that proper attention to pre-cancerous lesions is one of the most important duties that the physician has at the present time as his part in the effort to reduce the incidence and mortality from this very fatal disease.

From the Cancer Dept., Maine Public Health Association. EDW. H. REILEY, Chairman.

Necrology.

TITUS UPHAM COE.

Bangor, 1837-1920.

Dr. Coe had not practiced for several years, yet as he had originally been and remained to the end of his life a member and an honorary member of our Association, he deserves some mention at the hands of the necrologist.

Some people might laud him as the richest physician that ever lived in Maine, but as mere men, as simple practitioners of medicine, let us never forget that he had to leave it all when his turn came to die, and that all of it combined could not prolong his life or prevent his death when his time had come to go along with the endless multitude.

Titus Upham Coe, the son of Eben and Mary Baker Coe, was born in Norwood, December 8, 1837, and was educated in the village school. Then when his parents moved to Bangor, he finished his education in the high school there, and then obtained his academical degree at Bowdoin in 1857. His medical degree came later at Jefferson, in 1861. He seems then to have gone abroad for a year for further studies and to have settled in Bangor directly after his return. He went once more abroad three years later and studied in Paris at L'ecole de medicine, where he obtained a good knowledge of internal medicine and of French. He came home again and practiced, as some friend has informed me, long enough to enable him to marry well and fortunately, Miss Sara Hathorn.

Somewhere about 1872 he inherited a large property from his parents, and as he could not spend the income it accumulated like a boy's snowball until what with timber lands and real estate, it numbered into the millions of dollars. As a business man he was a great success, always obtaining good rentals on his business blocks in Bangor and keeping them constantly in good repair. His name will be remembered solely by physicians for the Coe Dispensary at Bowdoin, which he gave to the college as a memorial to his son, and for the treatment of students far from home and disabled by disease. The gift, though not enormously costly, was a distinctly good thing for a physician to do, and he carried it out well, properly and handsomely. For that one gift to medicine we should be very thankful, yet we wish that more might have additionally have been done by Dr. Coe for our beloved Medical School in its hundredth year of usefulness.

Dr. Coe died after a two days' illness from pneumonia, July 30, 1920, under the shadow of grand and beautiful Mount Kineo, and in sight of the glorious lake of which he was so fond.

I. A. S .

County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

LEWISTON, MAINE, December 7th, 1920.

The regular meeting of the Androscoggin County Medical Society was called to order by the President, Dr. Hall. The records of the last meeting were read and approved.

A committee of three, consisting of Dr. Dupras, Dr. Andrews and Dr. Buker, was appointed by the chairman to bring in a list of nominees for the ensuing year. The committee reported as follows:

President-Dr. S. L. Andrews.

Vice-President—Dr. L. O. Roy.

Secretary—Dr. L. J. Dumont.

Board of Censors—Dr. W. Chaffers, Dr. T. Fitzmaurice, Dr. D. Barrell.

Delegate—Dr. W. E. Webber.

Dr. H. Garcelon stated that he would like to have ideas from the members of the Association in regard to a fee table, to be presented to the Accident Commission at Augusta, covering common accidents, such as lacerations, fractured fingers, dressings, etc.

Dr. Call made a motion that a committee of three be appointed to determine fee, and that Dr. H. Garcelon be chairman of the committee to present table to the Accident Commission in Augusta.

Dr. Garcelon objected to serving as chairman of said committee.

Dr. Parmalee stated that larger cities are charging more than we are, and that we ought to go by their fee.

Dr. Pierce made a motion that the record in Dr. Call's office, giving the opinion of all the members, should be given to Dr. Garcelon to present to the committee in Augusta. Dr. Call seconded the motion.

Dr. Haskell wanted to know what the fees are, and if any fee cards are printed by the Society. Dr. Hall informed him that the Society has no printed cards, being against the by-laws of the Society.

Members present: Dr. Garcelon, Dr. Fitzmaurice, Dr. Hall, Dr. Haskell, Dr. Buker, Dr. Dupras, Dr. Morin, Dr. Pierce, Dr. Call, Dr.

Parmalee, Dr. Gauvreau, Dr. Russell, Dr. Barrell, Dr. Roy, Dr. Langelier, Dr. Andrews and Dr. Dumont.

Voted to adjourn.

L. J. DUMONT, M. D., Seeretary.

CUMBERLAND.

CUMBERLAND COUNTY MEDICAL ASSOCIATION.

The fifty-fifth stated meeting (the annual meeting) of the Cumberland County Medical Society was held at the Falmouth Hotel. December 10, 1920, at 8 P. M. The meeting was called to order by Dr. F. J. Welch, President. There were present sixty members and many guests.

The records of the previous meeting were read and approved. The annual report of the Secretary was read, accepted, and ordered to be placed on file.

The annual report of the Treasurer was read.

It was voted that the President appoint a committee of two to audit the annual report of the Treasurer. President Welch appointed Drs. S. P. Warren and N. M. Marshall.

The report of the Committee on Resolutions was read and accepted and ordered to be placed on file.

Dr. S. P. Warren, as chairman of the committee to raise money for Dr. Grenfell's fund, reported that nearly \$500 had been received. The committee would like to make it more than \$500, so the opportunity will be kept open for a while longer. He reminded the members that only the interest of the fund was to be used, the principal thus serving to perpetuate the wonderful work of Dr. Grenfell.

The Secretary presented a certificate stating that Dr. A. U. F. Clark was a member of good standing in the Massachusetts Medical Association. It was then voted that the Secretary cast a ballot for the election to this Society of Dr. A. U. F. Clark.

The Board of Censors reported favorably on the following names:

Dr. H. E. Davis, Dr. G. M. Woodman, Dr. W. C. Deixel, Dr. V. E. Lagerson, Dr. B. F. Marshall, Dr. F. A. Smith, Dr. R. P. Mahoney, Dr. A. N. Witham, Dr. J. P. Blake,

Dr. A. Couturier, Dr. Elizabeth H. Stevens.

The chairman of the Board stated that Dr. Stevens could not be voted upon, as she had not practiced one year in the county.

Objections were raised to having the Secretary cast a ballot for their election, and upon vote of the Society a committee of two, Dr. C. W. Foster and Dr. W. Bean Moulton, was appointed by the President to receive, sort and count the ballots. The following were elected:

Dr. H. E. Davis,

Dr. B. F. Marshall,

Dr. R. P. Mahoney,

A motion was now made to have the Secretary cast a ballot of election for the rest of the names reported by the censors. This was carried, and accordingly the Secretary cast a ballot for the following and they were declared elected:

Dr. A. N. Witham, Dr. L. Lupien,

Dr. G. M. Woodman, Dr. J. P. Blake,

Dr. V. E. Lagerson, Dr. A. Couturier. Dr. F. A. Smith,

The following applications for membership were received and referred to the Board of Censors:

Dr. C. A. Baker, Dr. Pierce E. Somers,

Dr. Chas. S. Knight, Dr. H. W. Small,

Dr. E. M. Northcott, Dr. C. H. Ridlon,

Dr. C. M. Stanley, Dr. Charles F. Haynes,

Dr. Z. R. White, Dr. L. B. Marshall,

Dr. George J. Roy, Dr. Frank G. Devereux,

Dr. J. R. Woolf, Dr. Daniel M. Mannix,

Dr. E. E. Barker, Dr. George F. Bates,

Dr. Nathan D. Hyde, Dr. Leon L. Hale, Dr. Irving E. Mabry, Dr. Howard Hamblen.

Dr. W. H. Shanahan,

Dr. Welch announced that the clinic which was held in the afternoon at the Children's Hospital by the staff and Dr. MacAusland was a great success. He thought that in the future similar clinics should be arranged so as to make the meetings of more practical value. A vote of thanks was now given to Dr. Abbott and his staff for their kindness in allowing this Society the use of the Children's Hospital for the clinic.

Dr. Welch, as President, made a few farewell remarks. After thanking the members for their co-operation in making his duties a real pleasure and highly commending the present good fellowship, he briefly called attention in his usually stirring and energetic manner to some policies which he, as President, thought should be considered by the Society.

Election of officers for the year 1921 was next in order and resulted as follows:

President-Dr. N. M. Marshall.

Vice-President-Dr. H. M. Moulton.

Secretary and Treasurer-Dr. E. E. Holt, Jr.

Censors—Dr. E. W. Gehring, term expires 1923; Dr. W. E. Tobie, term expires 1922; Dr. S. P. Warren, term expires 1921.

Delegates to the Maine Medical Association—Dr. E. E. Holt, Jr., term expires 1921; Dr. E. S. Cummings, term expires 1922; Dr. C. B. Sylvester, term expires 1922; Dr. L. H. Poore, term expires 1922; Dr. M. C. Webber, term expires 1922.

Dr. N. M. Marshall now assumed the office of President. After thanking the members for so honoring him, he stated that he would endeavor to make 1921 a successful year for this Society. As a step towards this he called attention to the recommendations in Dr. Welch's address and asked that some action be taken. Accordingly it was voted that the President appoint a committee of three to consider these recommendations and report at the next meeting. Dr. Marshall appointed Dr. C. W. Foster, chairman, and Drs. J. F. Thompson and Daniel Driscoll.

The following were appointed by the President as a Committee on Public Health and Legislation: Dr. T. J. Burrage, chairman, and Drs. F. N. Whittier and J. L. Bennett.

Dr. W. R. MacAusland was now introduced, his subject being "Arthritis from the Standpoint of an Orthopedic Surgeon." He was very sorry indeed that sickness prevented Dr. Preble being present, as the medical aspects of this disease would have been thoroughly considered by him. It was largely through Dr. Preble that he was brought to realize that arthritis was caused by one or more foci of infection in the body, and that in the search for such causes, and in the treatment as well, it was necessary to make use of a group of trained medical men in order to successfully meet the complicated phases of this disease. The most striking aspect of the disease from an orthopedic standpoint is the deformity with its resulting loss of function and disability. In a very practical way, supplemented by many stereoscopic pictures,

and layman should get behind, forgetting any petty differences of methods were given of how to properly treat not only infection in the joints but also traumatic affection in or near the joints. At the conclusion of his remarks a discussion followed, in which many members took part. On the whole a most profitable evening was enjoyed.

A rising vote of thanks was finally given to Dr. MacAusland. Voted to adjourn. Adjourned.

E. E. HOLT, JR., Secretary and Treasurer.

The next meeting of the Cumberland County Medical Association will be held February 10, 1921.

Dr. E. P. Joslin, of Boston, will conduct a medical clinic at 4.30 at the Maine General Hospital.

Dinner at the Falmouth Hotel at 6.30. Tickets, \$1.00. Following the dinner Dr. Joslin will give an address on "Diabetes". All members of the State Association are cordially invited.

PISCATAQUIS. PISCATAQUIS COUNTY MEDICAL SOCIETY.

The Piscataquis County Medical Society held its annual meeting December 16, 1920, in the Law Library at the Court House, Dover, Me.

The minutes of the previous meeting were read and approved.

It was voted to hold a special meeting to coincide with the itinerary of Dr. Otto Lowy in this State, at Dover, Me.

Dr. Edward H. Risley of Waterville, presented a most interesting and instructive paper on "Modern Methods of Treating Malignant Diseases." The discussion following, in which every member present took part, served to drive home the many leading points of Dr. Risley's paper. The subject was presented in such a clear and concise manner as to be easily understood by the general practitioner and therefore of real practical value. A rising vote of thanks was tendered Dr. Risley.

Dr. T. E. Hardy spoke briefly on the present conditions confronting Bowdoin Medical School, showing that unless aid be forthcoming from the people of this State we stand in a way to lose one of its most valuable institutions. The doctor also spoke regarding a full-time Secretary for the Maine Medical Society.

Dr. E. D. Merrill spoke on the need of support for the State Public

Valuable Service—Free to Physicians

The progressive physician must keep posted on improved methods, new instruments and the correct price of his supplies.

THIS VALUABLE INFORMATION CAN BE OBTAINED FREE and without obligation, by merely sending your name and address on the coupon below.

BETZ MONTHLY BULLETINS furnish complete information on items of interest to the profession and if you are not already receiving these booklets, fill out the coupon and send it to us at once, and your name will be added to our mailing list.

REMEMBER THESE BOOKLETS COST YOU NOTHING AND PLACE YOU UNDER NO OBLIGATION WHATSOEVER.

FRANK S. BETZ CO. HAMMOND, INDIANA



FRANK S. BETZ CO. Hammond, Ind.

GENTLEMEN:—Without obligation to me you may place my name on your mailing list for future issues of your monthly bulletins.

		lession
Street		
	Street	Street

City-State-

Health Association movement. This is a matter which every physician opinion in the cause for so much good, both in the present and future generations.

The following officers were elected for the year 1921:

President-James McFadyen, Milo.*

Vice-President—G. E. Doore, Guilford.*

Secretary-Treasurer—C. N. Stanhope, Dover.

Member Board of Censors (1 year)—M. O. Brown, Dover.*

Delegate to State Meeting—E. T. Flint, Foxeroft;* Alternate, A. H. Stanhope, Dover.

Legislative Committee—Chairman, E. D. Merrill, Foxcroft;* R. H. Marsh, Guilford; James McFadyen, Milo.

There was a very good attendance at this meeting, and much interest in the affairs of the Society as a whole was plainly evident.

C. N. Stanhope, Secretary-Treasurer.



"QUALITY"



The Primary Requisites of an ARSPHENAMINE Preparation are
LOW TOXICITY — SOLUBILITY — HIGH THERAPEUTIC VALUE

BRGO-In the manufacture of

ARSAMINOL AND NEO-ARSAMINOL

our paramount aim is to combine the unequaled qualities of the

THREE IN SOLUBILITY—reduced below government standards.
SOLUBILITY—immediate, in cold distilled water.
THERAPEUTIC VALUE—enhanced by full arsenic content.

Subject to U. S. Government and our own Laboratory tests—also clinically, the VITAL test.

Our Arsphenamine products have been exhibited with gratifying results by Genito-Urinary members of the Maine profession.

Descriptive Literature and Price List on application.

TAKAMINE LABORATORY, INC.

Takamine Building

Laboratory and Works; CLIFTON, NEW JERSEY

12 Dutch St., NEW YORK, N. Y.

Cable Address:
"Jokichi," NEW YORK

ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.

Book Reviews.

EXOPHTHALMIC GOITER AND ITS NON-SURGICAL TREATMENT.

Ly Israel Bram, M. D., C. V. Mosby Company, St. Louis, 1920. Price, \$10.00.

In a summary of the discussion of the anatomy and physiology of the thyroid, the author concludes:

- 1. "The functions of the thyroid are complex and the secretion polyvalent * * * progression in a vicious circle happens most readily to those who by constitution or acquisition possess a particular type of nervous or endocrine balance." Crookshank.
- 2. Hyperthyroidism is not due to changes in function and structure of the thyroid gland alone. * * *.
- 3. Since Graves' disease is pathologically and clinically not a local condition, local treatment, especially local surgical interference, is an illogical procedure.

Under pathogenesis the author takes up in detail the various predisposing and exciting factors and discusses several theories of the origin of the disease. He states the primary etiology is never to be found in the gland itself.

The following classification is used: 1. Acute Basedow. 2. Chronic or usual type, 3. Basedow "Fruste." 4. Secondary Basedow. 5. Artificial Basedow.

One-half of the treatise is given up to course and prognosis, nonsurgical treatment and case histories. Particular emphasis is laid on psychotherapy.

The author believes surgery should be limited to cases showing pressure symptoms or malignant change; those which, properly treated, do not respond are cases of malignant degeneration or secondary cases or those which are moribund when treatment is begun.

The book contains a store of information; is convenient for reference in that it so thoroughly covers the ground of diagnosis, pathogenesis and treatment. It seems to the reviewer that the statement of surgical limitations is too strict in the light of reported results. It is

BAB

Surgeon's Soap

Germicidal





Phenol Coefficient-51.98

As per report of Chicago Laboratory

An independent authority—the Chicago Laboratory—reports the phenol coefficient of B&B Surgeon's Soap to be 51.98. Complete report sent on request.

A one-per-cent lather corresponds in bactericidal strength with a 50 per cent solution of carbolic acid. So its germicidal power is unquestionable.

One cake represents the germicidal power of six pounds of carbolic acid, or about 15 gallons of a 5 per cent solution.

B&B Surgeon's Soap contains one per cent mercuric iodide, which has 5000 times the germicidal power of carbolic acid.

It is the only type of cake soap which can properly be called germicidal. That

means more than "antiseptic," more than "disinfectant." It means the power to kill germs.

If a soap contains 5 per cent carbolic acid, a one-per-cent lather represents a dilution of 1 to 2000. That is far below germicidal efficiency. Cresol is also reduced too low.

B&B Surgeon's Soap is truly germicidal, with lather formed in the usual way. Contact with the skin for a few minutes makes it doubly sure.

The cake is convenient. It cannot break as a bottle of liquid might. It has lasting qualities and can always be relied upon.

Write us for complete report.

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surfical Dressings and Allied Products

well, however, to have such convincing records of the result of medical treatment and to remember surgery in itself is not a curative measure.

MORTIMER WARREN, M. D.

PHYSIOLOGY AND BIOCHEMISTRY IN MODERN MEDICINE.

By J. J. R. MACLEOD, assisted by Roy G. Pearce, A. C. Redfield and N. B. Taylor. Third edition. C. V. Mosby Company, St. Louis.

Price, \$10.00.

A new edition within a year shows the book fills a need and shows as well the readjustment necessary to keep up with the development of the subject. The changes are considerable: an actual increase of 85 pages of text, with added increase of substance by the introduction of fine print.

Under "Circulation of the Blood" capillary circulation is discussed. The chapter on "Shock" has been revised to make use of the knowledge gained during the war.

In the section on "Respiration" the subject of "Anoxaemia" is new. A practical consideration of the therapeutic value of oxygen is of interest to practitioners, particularly with reference to pneumonia and carbon monoxide poisoning.

Under "Metabolism," a chapter of practical importance is that of the physiologic principles of ventilation. In this section tables are given of the qualitative changes in the blood and urine in disease.

The section on "Endocrine Organs" contains added material on the Adrenal; a paragraph on the Thymus is new.

The Nervous System is rewritten and it is considered as "The Nervous System and the Control of Muscular Activity."

The book is of value, not only as a reference volume, but as a rational therapeutic guide by reason of the space given to discussion of the clinical application of physiologic methods.

MORTIMER WARREN, M. D.

IF the business man wishes to save time and money he will ask the Underwood Typewriter Company about its Bookkeeping Machine. It duplicates records in such a way as to save much time and expense and brings about legibility and economy.

UNDERWOOD TYPEWRITER CO., Inc.

96 EXCHANGE STREET PORTLAND, ME.

Every Physician

In general practice should have a BURDICK ELECTRIC LIGHT AP-PLICATOR for local and general applications. It will produce

DEEP EFFECTIVE HYPERAEMIA INCREASED LEUCOCYTOSIS INCREASED VITAL RESISTANCE

Useful for the relief of inflammation and congestion, to promote quick healing of wounds, relieve pain, etc.

Write for descriptive literature.

Clapp Anderson Co.

Specialists in high quality X-Ray and
Electro-Medical Apparatus

120 Boylston St. Boston, Mass.

P. J. FRANCIS

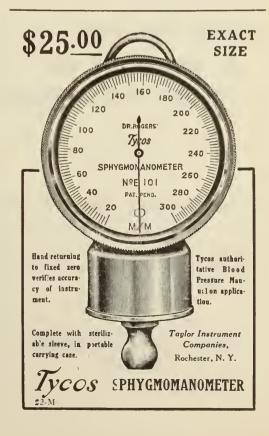
83 Belmead Road, Portland, Me.
Maine Representative

BENZYL BENZOATE.

According to reports, the medicinal ester chemically known as Benzyl Benzoate continues to give results and to justify the recommendations made at the outset by Macht and others. Especially is it effective in the treatment of painful menstruation, provided this be caused by spasm of the uterine musculature. Clinicians are quite in agreement as to that. Litzenberg, for one, says that he found it satisfactory in 81 per cent, of the cases treated.

Macht himself, suggesting further uses for the drug, has recently attested its efficacy in whooping cough. It does appear to reduce very decidedly the number of paroxysms as well as their severity. Those who have not yet tried it in this disorder should not fail to do so. Hiccough, common in infants, is another indication for its use.

The Abbott Laboratories supply Benzyl Benzoate in two forms, tablet and elixir, both of which are truly representative of the drug.



Boralol

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

To is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucons membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best results are obtained by dissolving in hot water.

Ask for Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

MENTAL CONFUSION OF WOMEN DUE TO OVARIAN DYSFUNCTIONS

Reprints of Papers Reporting Cases With Method of Treatment Sent upon request

LUTEIN—Corpus Luteum—Tablets, H., W. & D. 2 grain and 5 grain sizes

Were used with apparent good results in the treatment of the cases of mental disturbances réported.

HYNSON, WESTCOTT & DUNNING BALTIMORE

TRY

LANGTON RX OPTICAL

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

L. Langton

Manufacturing Optician 419 Boylston St. Boston, Mass.



Oculists Prescription Work

THE SMITH-SOMES CO.

OPTICIANS

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Harlford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess



HEADQUARTERS

Our facilities make us headquarters for the Endocrine Gland and Organotherapeutic products.

Pituitary Liquid 1 c. c. and I c. c. ampoules, 6 in box.

powder Pituitary and tablets. An-Pituitary terior Powder and Tabs. Posterior Pituitary Powder and Tabs.

Corpus Luteum (true) powder and 2 and 5 grain Tabs, and 2 and 5 grain capsules.

Pepsin, U. S. P. scale, granular and powder.

Pancreatin, U S. P. Powder.

LIXER OF ENZYMES is a palatable preparation of the proteolytic and curdling ferments that act in acid medium. It is recommended as an aid to digestion and as a gastric tonic generally.

Elixir of Enzymes is of special service in correcting faulty proteid metabolism which is one of the principal causes of autointoxication.

Elixir of Enzymes is an excellent adjuvant and vehicle for exhibiting iodids, bromids, salicylates and other drugs that disturb the digestive functions. One dram of Elixir Enzymes will carry 46 grains of potassium iodid, or 45 grains of sodium salicylate, or 17 grains of potassium bromid.

Elixir of Enzymes contains the curdling ferment and may be used for making junket or curds and whey. Add one teaspoonful of the Elixir to half pint of lukewarm milk, stir thoroughly and let stand till cool.

For minimizing the organic disturbances and eliminating the corrosive effect of potassium iodid on the mucous membrane of the stomach as well as disguising the taste, the following combination is recommended:

Potasium Iodid, 2 ounces.

Distilled water, enough to make two fluid ounces.

To exhibit, for instance, 20 grains of potassium iodid three times daily, use one teaspoonful of Elixir of Enzymes, one teaspoonful of the above solution to half pint of lukewarm milk; stir thoroughly and let stand until cool. Take one-third of this quantity as a dose. This junket should be made up fresh every morning.

ARMOUR & COMPANY

CHICAGO

THE JOURNAL



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 7.

FEBRUARY, 1921.

\$2.00 per year

Gastron

"arrives"

For a long time GASTRON was "the thing beyond," the product-to-be—an extract of the entire stomach glands, alcohol-free. The idea that this would be of great interest and importance to the physician was persistent.

Now GASTRON, the reality, actually representative of the gastric gland tissue juice in active principles, in complex properties,—obtained by acid-aqueous-extraction—has "arrived," through actual clinical trial, as a reliable and efficient resource in dealing with disorders of gastric function.

N. B.—GASTRON contains no sugar.

FAIRCHILD BROS. & FOSTER, NEW YORK

OFFICERS.

President—T. E. Hardy, Waterville, 1st Vice-Pres.—G. R. Campbell, Augusta, 2nd Vice-Pres.—James McFadyen, Milo. Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District,	J. F. Thompson, Portland,	Term e		
Second District,	E. V. Call, Lewiston,	"		
Third District,	W. E. Kershner, Bath,	"	6.6	1923.
Fourth District,	F. H. Badger, Winthrop,			
Fifth District,	Lewis Hodgkins, Ellsworth,	4.6	4.6	1922.
Sixth District,	C. H. Burgess, Bangor,	6.6	"	"

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	S. L. Andrews, Lewiston,	L. J. Dumont, Lewiston.
Aroostook,	P. E. Gilbert, Ashland,	F. E. Bennett, Presque Isle.
Cumberland,	N. M. Marshall, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Hancock,	A. H. Parcher, Ellsworth,	Geo. A. Neal, Southwest Harbor.
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	J. G. Hutchins, Camden,	H. W. Frohock, Rockland.
Oxford,	O. S. Pettingill, Hebron	W. T. Rowe, Rumford.
Penobscot,	Jarvis B. Woods, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxcroft.
		C. N. Stanhope, Dover, Acting.
Sagadahoc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	H. W. Smith, Norridgewock,	C. E. Richardson, Skowhegan.
Waldo,	Elmer Small, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles—	Miscellaneous—
The Modern Examination of the Stomach	Necrology 23
berland County Medical Society 226	County News and Notes 23
Editorial Comment—	Notices 23
Professional Income	Notes 24

LIP-READING

MULLER-WALLE METHOD

For the Hard-of-Hearing and Deaf Adult Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS

MISS MARGARET J. WORCESTER

Montreal Canada 65 Thomas Street Portland, Maine

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address: 698 CONGRESS STREET For Particulars and Rates write to FRANCIS J. WELCH, M.D.

EAST PARSONSFIELD, MAINE



Dr. Leighton's Hospital

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Telephones { 1318 | 1406

Portland, Maine

ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.

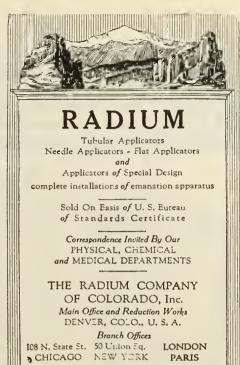


karian Building Will 175 State Stree Springfield — Massachusetts

DEPENDABILITY—

As applied to our Laboratory, dependabilty means

- Absolute accuracy in the analysis of all specimens.
- Promptness in the forwarding of reports.
- —Fees that are reasonable, yet consistent with careful work.



An Important X-Ray Library for Physicians

A Textbook of Radiology (X-Rays)

By Edward R. Morton, M.D., C.M., F.R.C.S., Past President Section on Electrotherapeutics, Royal Society of Medicine, etc. Second edition, revised and enlarged. 265 pages, with 36 plates and 39 illustrations in the text. Price, cloth, \$4.50.

Roentgen Technic (Diagnostic)

By Norman C. Prince, M.D., Attending Roentgenologist to Omaha Free Dental Dispensary for Children; Associate Roentgenologist to Douglas County Hospital, etc. 150 pages, 65 illustrations. Second revised edition. Price, cloth, \$2.75.

Radiography in the Examination of Liver, Gall Bladder, and Bile Ducts

By ROBERT KNOX, M.D., Radiographer, King's College, Hospital, 64 pages, with illustrations. Price, cloth, \$2.50.

The Radiography of the Chest

Vol. I. Pulmonary Tuberculosis. By WALTER OVEREND, M.A., M.D., B.Sc., Hon. Radiologist and Physician to Electrotherapeutic Department, East Essex Hospital; Radiologist to City of London Hospital for Diseases of Chest, etc. London. 119 pages, with 9 line diagrams and 99 radiograms. Price, cloth, \$5.00.

Systematic Development of X-Ray Plates and Films (and Lantern Slide Making)

By LEHMAN WENDELL, B.S., D.D.S., Chief of the Photographic Work and Instructor of Prosthetics and Orthodontia, College of Dentistry, University of Minnesota, etc. 96 pages, with 50 original illustrations. Price, cloth,

Manual of Roentgenotherapy

By Albert F. Tyler, B.Sc., M.D., Professor of Clinical Roentgenology, Creighton Medical College; Attending Roentgenologist, St. Joseph's, Bishop Clarkson Memorial, Ford, Immanuel, Douglas County and Lord Lister Hospitals, Omaha. 162 pages, with 111 original illustrations. Price, cloth, \$2.75.

X-Ray Observations for Foreign Bodies and Their Localization

By Captain Harold C. Gage, A.R.C., O.I.P., Consulting Radiographer to the American Red Cross Hospital of Paris; Radiographer in Charge Military Hospital 76, Ris Organis and Complementary Hospitals. 85 pages, with 55 illustrations. Price, cloth, \$1.75.

Send for copies of these books to-day. Also ask for circular of our X-Ray books. When writing and ordering, mention this Journal.

C. V. Mosby Co. — Medical Publishers — St. Louis

CALCREOSE

Tuberculosis



For more than twenty years Dr. Beverly Robinson of New York has been using and praising the use of creosote in the treatment of pulmonary tuberculosis. It acts as an intestinal antiseptic. Part of the creosote will be excreted by the lungs, inhibiting the growth of secondary infectious micro-organisms, and in so much certainly acts for good in pulmonary tuberculosis. Handbook of Therapy, Ed. 3 The Journal A. M. A., pp. 186-187.

CALCREOSE is a mixture containing in loose chemical combination, approximately equal parts of creosote and lime. CALCREOSE has all of the pharmacologic activity of creosote, but does not cause any untoward effect on the gastro-intestinal tract. CALCREOSE may be taken in comparatively large doses—in tablet form or in solution—without any disagreeable byeffects; therefore it is particularly suitable for the treatment of these patients.

Write for samples and literature

THE MALTBIE CHEMICAL COMPANY
NEWARK, NEW JERSEY

The STORM ABDOMINAL SUPPORTER

PATENTED

Adapted to Use of Men, Women and Children and Babies
FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREGNANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.







Special Kidney Beit

No Whalebones No Rubber Elastic
Washable as Underwear

inguinal Hernia Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA





Sustained Quality

HE reward of conscientious manufacturing effort is never obseure –it is an ultímate realization.

The reputation enjoyed by a manufacturer today is, in the great majority of instances, the culmination of years of close adherenec to a

The Victor Trade Mark on X-Ray and Electro-Physiotherapy Apparatus is universally recognized today as the symbol of quality-in materials, workmanship, design and performance. A Victor announcement of some new development is accepted by the initiated at face value, for they know that eonservatism prevails in the descriptive literature and that the product is offered the profession only after the best engineering skill has approved it.

Add to this the most comprehensive service organization of trained men specializing in this field, extending a personalized service to the user of Victor apparatus, then you have the predominant reasons for the prevalence of Victor installations.

Victor X-Ray Corporation

General Offices and Factory:

Jackson Blvd. at Robey St.

Territorial Sales Distributors:

Messrs. SAXBY & OYLER

66 BROADWAY, - CAMBRIDGE, MASS.

Adrenalin in Medicine

6-In Endocrinology

THE action of Adrenalin is so fleeting as to narrow the scope of its utility in organotherapy. Its important place in clinical endocrinology is that of a diagnostic indicator of deviations from the normal secretory activity of certain glands.

Hyperthyroidism can be detected by the Goetsch test. This test is based on the fact that thyroid secretion sensitizes the sympathetic nerve endings to the action of Adrenalin. The technique consists of the subcutaneous injection of 0.5 cc Adrenalin 1:1000 and the subsequent observation of objective and subjective phenomena.

Blood-pressure readings are taken over a period of one and one-half hours at intervals varying from two and one-half minutes at the beginning of the reaction to ten minutes at the end. In positive cases the systolic bloodpressure rises at least ten points during the first fifteen minutes with an accompanying increase of about ten beats a minute in the pulse-rate. Soon there is noted a slight fall in systolic pressure and then a secondary rise. In about ninety minutes the bloodpressure is back to normal.

The subjective symptoms are sometimes

striking. There are heart consciousness, apprehension, and marked tremor and pallor occasionally followed by flushing and sweating. The greatest diagnostic importance of the Goetsch test is in distinguishing cases of mild hyperthyroidism from those of incipient tuberculosis.

A satisfactory test for suprarenal function can be performed by injecting subcutaneously fifteen to twenty minims of Adrenalin 1:1000 and estimating the consequent variations in blood sugar. In cases of suprarenal irritability there is an increase in blood sugar which comes on in about thirty minutes and lasts for several hours. A transient glycosuria may likewise be noted.

Loewi's test for pancreatic diabetes is dependent upon the fact that the suprarenal glands and the pancreas are physiological antagonists. In pancreatic diabetes there is impairment if not destruction of the secretory cells which allows certain Adrenalin effects to be more pronounced. One or two drops of Adrenalin 1:1000 should be instilled into one eye. In positive cases—

cases of pancreatic insufficiency—there will be a prompt dilatation of the pupil.

PARKE, DAVIS & COMPANY

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

VOL. XI.

FEBRUARY, 1921.

No. 7

*THE MODERN EXAMINATION OF THE STOMACH.

By Franklin W. White, M. D., Visiting Physician, Boston City Hospital, Boston, Mass.

I am very glad to hear your President call this a paper rather than an oration. I am no orator, but I will be very glad to say something about the modern examination of the stomach. I will try and not talk too long. I want to talk to you for a while, and then I want to show you some lantern slides which will illustrate what I say to you.

Of course at the present time we are in the transition stage from old methods to new, in fact, the pendulum is swinging rather far one way. The doctors are saying good-bye to the stomach tube and the test breakfasts, and are beginning to rely pretty exclusively on the X-ray examination in diagnosis of diseases of the stomach. It is really a mistake to go too far, and we do not need to throw away our old methods simply because we have a new one. The new method is rather expensive and not always available, and, while we recognize all its good qualities, still that is not a reason for getting rid entirely, or in large part, of the older methods of examination. The older methods were very imperfect in some ways. The changes in secretion, for example, were over-estimated in diagnosis, and that has made the value of the X-ray, particularly in the surgical lesions of the stomach, very greatly appreciated.

^{*}Stenographic notes of annual oration of Maine Medical Association, June 30, 1920.

With regard to the history, I shall pass it over rather briefly. but not because it is unimportant—very far from that. A careful history is one of our most valuable means. We gain from our clinical experience, but there is not very much that is new. Recent progress has been made chiefly in methods of examination rather than in methods of taking history. We do that very much the same as we did ten, or perhaps twenty or more years ago. There are only two or three things that I will speak of in passing with regard to the history. One is the matter of hyperacidity, or "hunger pain." That is always a striking symptom if we get it from the patient, and it is a symptom which led as skillful a man as Movnahan to say that hyperacidity means ulcer. That is not true, as we all have learned, but he has called attention to one very important thing, that if a patient has chronic hyperacidity, we must not put him down as a neurotic and let it go at that. We must look for some organic cause which is back of his so-called hyperacidity, such as an ulcer, a chronic appendix, or a grumbling gall bladder, and so on.

With regard to cancer, we must, of course, get the text-book pictures entirely out of our heads if we are going to diagnose cancer at a time when it will do the patient any good. We must not wait for emaciation, anemia, marked obstruction, coffee-ground vomitus, and all that sort of thing. We must take the people of middle age more seriously if they have digestive problems, put them through a careful examination, and give them the benefit of the doubt. Do not wait until something dreadful happens to them which it is in our power to remedy.

The physical examination, the living history, must, of course, be a general one, because we all realize that nine-tenths of the people who come to us with stomach symptoms have trouble outside of the stomach. It is not a disease of the stomach in many of them: it is anemia, or tuberculosis, or nephritis, or tabes, or something else. Of course, as I say, our physical examination must be general, and that would naturally be the case with the family doctor, and it ought to be especially so with the specialist. Some of our old methods of physical examination are very imperfect, and, if we recognize that fact, we ought to gain in our methods of diagnosis. Take palpation, for example. How little we can feel of certain serious conditions of the stomach! Take ulcer, for instance. How

little we feel in ulcer! How rarely we palpate an ulcer! I have gone back repeatedly to the patient's bedside, after a gastric or duodenal ulcer has been shown to our satisfaction with the Roentgen Ray, and tried to see if I could get any definite signs by palpation, and have failed. We cannot palpate a gastric or duodenal ulcer except in very rare cases. We must, of course, get what we can from palpation, but we must not expect too much. Epigastric tenderness, for example, is a thing we get on palpation; and it seems to me that, in examining ulcers, a definite, fixed point of tenderness right over the ulcer is unusual. It is not common and we must not expect to find it.

The old-fashioned percussion of the stomach is not of much use. We may percuss without anything in the stomach, and very likely a gas bubble rises under the middle of the abdomen, and we get a very crude and imperfect outline of the stomach. In that way it is easy, but it is not of much good.

Tests of capacity, that is, pouring water in through the stomach tube to see how much the stomach will hold, are not of very much use, and I think should be gotten rid of. The stomach, you might say, contains a very variable amount, according to the temperament of the individual or the presence of a certain amount of spasm. Sometimes the smaller people will have stomachs which will hold a good deal, and oftentimes the muscular man will have a compact stomach which will hold very little.

There are other methods which seem to me practically obsolete. We do not try to use capsules to test digestion any more. If we are going to get information about the secretions, we had better use the tube.

Then the question arises, why bother with stomach contents? Why not trust the X-ray alone? Why are the doctors losing their interest in functional tests? I have already hinted that they have expected too much, and they have been disappointed. They have expected that the stomach contents would show them a picture characteristic of ulcer, and they have found, as a matter of fact, that a great many stomachs have contents which are practically normal. Changes in secretion may come rather late, and, as I say, we do not want to wait for coffee-ground and all that sort of thing. When we come to ulcer and cancer, we must depend on the X-ray to help us out—not to do the whole thing, but to give us very valuable aid.

If either of these two serious diseases are suspected, the patient certainly deserves an X-ray examination, but we do not want to trust the X-ray man altogether in these things. We do not want to turn the patient away without studying him, or turn him over to the Roentgenologist and accept the latter's decision as final. Many times he returns a report, "No pathology;" he has not found cancer, or marked ptosis; he does not find anything. Now in this group of cases what must we do? We must classify these functional cases in some way in order to understand them and in order to treat them, and we must use our functional test for that purpose. It is a very common thing to give an alkali remedy where the acid is called for, and it is a very common thing indeed to dose people with ferments when, by making a test, we would find that they had an abundance of ferments. We should avoid that sort of thing by using the stomach tube a little more.

With regard to test breakfasts, many have got down even to using plain water with the meal; but they miss one thing which the old-fashioned bread and water gives us, namely, the standard quality—a chance to compare our own individual results with the results which hundreds of thousands of other men have obtained in just the same way. It seems to me we had better stick to our old test breakfast.

In using the stomach tube, there are two or three ways by which we may make it easier for the patient. In the first place, I spray the patient's throat with a little novocain. I think it is just as useful there as in minor surgery. We can make the patient comfortable or uncomfortable as we cut off some of his reflexes. I use a small stomach tube. The Rehfuss tube will get out stomach contents perfectly well. I do not mean that I use this as a routine measure, but a small tube will do the work and it is more comfortable for the patient without question. Another thing. I always use an aspirator to aspirate the contents. You get it out in about one-third the time in most patients. Of course the patient can expel it, but if you tell him that you will get through this little examination in a half minute, and keep your word, he likes it better than if he is kept on the rack for four or five minutes.

Just another thing I want to emphasize, and that is, the simplicity of the routine examination of the stomach contents. I find

that some doctors feel that that is rather an elaborate thing, requiring considerable clinical apparatus and considerable clinical experience. As a matter of fact, the routine things we do are no more elaborate than the routine examination of the urine. In the examination of the stomach contents we take the amount, the presence of mucus, the presence of free and total acid and blood, and that is all. It can be done with a very little experience in five or ten minutes, and really is no more elaborate, and requires no more apparatus, with the simple exception of a buret, which is a simple thing, than the examination of the urine. There is no need to send off stomach contents for anybody else to examine. You have seen reports of the examinations which are made by the use of the Rehfuss test. That method is much more complete and rather more elaborate than the examination with the ordinary stomach tube. You all know what it is—putting the tube into the patient's stomach and letting it stay there for a couple of hours or until the stomach is emptied. I think this is a method for hospital use and not for the family doctor; but you do get a record of what happens in that stomach from the time the meal goes in until it has gone out. We can take out a little of the contents, 5 or 10 c.c., for examination. As I say, however, that is too elaborate for the family doctor, but it is a valuable method for the difficult case. Of course, where you have someone to aspirate the contents, and someone to run through the laboratory work, all that machinery is gone through quickly. It has shown us many things which we were not sure about before. One of the most striking things it has shown us is the normal limits of secretion. They are much higher than we had formerly believed. We used to put down the free acid as 20 to 40, and the total acidity as 40 to 60. Now, by following this secretion throughout its course, we often get 60 to 80 free acid in perfectly healthy, normal people, and a total acidity of all the way from 100 up to 200. You may ask what does hyperacidity mean? As a matter of fact, there is actually no such thing as hyperacidity. In other words, there is no secretion in disease higher than secretion in normal people. That does not mean that one may not have a disagreeable set of symptoms, but when it comes to an actual secretion of acid, there is no disease that can be named that will give a higher secretion than can be found in perfectly healthy stomachs. These curves of secretion which we can get with the Rehfuss test are characteristic not only of diseases, but of individuals. We do find that there is such a thing as a personal reaction to a test breakfast. One man will secrete quite freely; another man will secrete rather a low amount of juice. We are not only testing out what happens in disease, but oftentimes the individual reaction; and when we follow through this curve with regard to blood tests, we have here a very valuable method, which ought not to be neglected, for picking up some of our most serious diseases, namely, ulcer and cancer. That, again, sometimes is made too much of—I mean the technique of the test. There is a very simple and excellent practitioner's test, which requires only a clean sauce and a tablet. I am speaking of the tablet which Squibb puts out. You put the tablet in a clean saucer, moisten it with some of the stomach contents, drop on the top of this tablet one or two drops of acetic acid, and you get a green or blue spot. This is a very valuable test which frequently allows us to check up some of the results of our other examinations. I have seen patients come in for an X-ray and get a negative report, and then I have obtained positive results by these other simple tests. This would be a red flag to me, and a more careful examination would disclose a little non-obstructive cancer of the colon or a small cancer at the lower end of the esophagus. I think this method a very valuable one, and this little blood test is very useful for that purpose.

I will just speak in passing of the string test, allowing the patient to swallow about a yard of silk thread at night, leaving it in the stomach over night, and letting the patient pull it out and hang it up to dry the next morning, then looking at the string to see what stain may occur to indicate the presence of a malignant ulcer. I only speak of that to you because I was present at the meeting of the American Medical Association a year ago, and that was solemnly discussed as a method of diagnosis. It is very easy. Is it, therefore, a good method for the practitioner? I should say decidedly no, and for this reason: Because it will miss the most of our ulcers, and we do not want to put any faith in any test which usually leaves us in the lurch. Smithies of Chicago found only seven positive results in something like 300 ulcer cases. My own experience is a little higher, but it is low enough to condemn the method, it seems to me.

Just a few words about the X-ray examination, and then I will show you some of these pictures. Of course it is our most valuable single method, but, as I have said, it should not overshadow all the rest. There are many things about the X-ray method which the average practitioner does not appreciate. I have run a Roentgen laboratory of my own for several years, and being also a clinician, I can see the thing from both points of view. There is an immense amount of good in the method, but it has its limitations; and it is no disparagement of a method to say that it has limitations. Some of them are purely technical difficulties. We have old people with very flabby stomachs, difficult to properly fill, and we may miss cancer; there are places in the gastro-intestinal tract where cancer may be quite readily missed if small and non-obstructive—for example, in the esophagus, in the colon and in the fundus of the stomach. People do not always hold their breath and we get rather blurred plates which we cannot interpret; and sometimes spasms and the difficulties of filling which we find are misinterpreted, and we have something called a duodenal ulcer which really was nothing but a spasm. Then I would call attention to the fallacy of a single examination. We do not examine a patient's urine once for diabetes and nephritis, but many times, on account of the time and expense involved, we have to be satisfied with a single X-rav examination. That is sometimes unfortunate, because spasms are variable, and we may not get the patient at the right time and in the right condition to find what we want by one examination, and sometimes we have to repeat in order to get what we want. How often to use it is, of course, a difficult question to decide. There, again, the matter of time and expense and so on comes in, but certainly we ought to use it wherever cancer or ulcer is suspected. It seems to me we ought to use it in most people of cancer age. We ought to use it in the cases of most people who have had stomach trouble for a long time and given medical treatment without relief. There is something wrong. It may be the nervous system of the patient, but it may be that something has not been discovered which could be easily found with the X-ray. Of course, with many nervous patients, to find out that nothing is really organically wrong with their stomachs is a great consolation, and we do it for that purpose sometimes. Also, up to a certain point, it will replace laparotomy, but it certainly ought not replace it entirely.

We used to think of a normal stomach as being a sort of definite entity more or less alike in all kinds of people,—just so wide, just so long, just so high, and in just such a place. Of course, all that conception of the stomach has been changed by X-ray examination. We find that stomachs are as different as people's faces. Some are hook-shaped, some transverse, some run obliquely, some are globular and some narrow, and they are in quite a different level up and down on the patient; and we must remember not to mix up personal peculiarities with signs of disease in looking over our X-ray plates. Now we often get a report from the X-ray man on ptosis. That has a definite value, but we must not over-emphasize it. To say that a person has ptosis is to say that a person is long and thin, rather flabby, has a poor posture, and so on. Many times we can look at the patient and practically decide whether or not he has ptosis.

The emptying time of the stomach is a very important thing. In this matter a five- or six-hour residue is a thing we must pay attention to. There is only one thing that I want to emphasize there. When a doctor gets this report, that the stomach has not emptied, many times he thinks of obstruction and possibly gastroenterostomy. We have two things that cause the stomach to be slow in this respect. One is obstruction of the pyloric end and one poor tone of the muscle; and one is nearly as important as the other in giving us our six-hour residue. The position of the stomach in the abdomen is another thing. Very strong, muscular people will empty in three to four hours, the average strong people in four to five hours, the average persons in five to six hours, and the rather delicate, flabby ones in six to seven hours. In our cancer and ulcer cases we find that we get a six-hour residue in perhaps 50 to 80 per cent., in our gall bladder cases about one-third, and in our appendicitis cases 15 per cent. Now turn to the group in which there is no obstruction or adhesions. Our cases of atony and ptosis give us nearly 30 per cent. in six hours; cases of migraine, or sick headache, 64 per cent., and old people, seventy or over, 64 per cent. of six-hour residue.

I want to save a little time to show these slides, and I shall pass over the cancer and ulcer part of this thing very briefly. We do some things with the ulcers that the Roentgen method shows that we cannot do in any other way. We can locate them definitely. Many times we can tell their exact size, and it enables us to classify

them in groups for treatment very much more satisfactorily than we can do it by symptoms alone. There is no place so definite as the duodenum in locating an ulcer, because all our pathology is there within an inch or an inch and a half space. We can concentrate our attention on this small point, and, as a matter of fact, in the chronic indurated ulcers of the duodenum, the Roentgen report runs very high in positive results, — I may say 90 per cent. under the best conditions.

In ulcers of the stomach, we must remember that the stomach does not empty for two reasons, and one is much more common than the other: One is because there is actual tissue-narrowing at the pylorus, and the other is because there is secondary spasm. Now the actual tissue-narrowing as a cause of obstruction only turns up once in ten times, whereas the spasm in gastric ulcers turns up nine times out of ten. Many times we can rule out part of that spasm by giving atropin, and examining again and seeing the residue go through. Many times we need in a therapeutic test and we put the patient under treatment and see the six-hour treatment melt away and disappear.

In cancer of the stomach, the X-ray is one of our leading methods of diagnosis because our signs are so vague. It shows the size and helps decide about operability. The worst failure, I presume, of the X-ray examination is that it will not pick up surely our early cancers. We cannot blame the method entirely for that. Many times it is because the patient comes so late. There are also rare conditions—I will show you one or two on these slides—which the X-ray will diagnose and which no other method will make sure of at all. One is the hour-glass stomach; and without the use of the Roentgen ray we can almost never pick up syphilis of the stomach satisfactorily. Of course we cannot find foreign bodies. Another thing, which I shall show you examples of, we cannot tell diaphragmatic hernia.

(At this point Dr. White exhibited lantern slides bearing on the topic discussed by him.)

ADDRESS OF RETIRING PRESIDENT, CUMBERLAND COUNTY MEDICAL SOCIETY.

Francis J. Welch, Portland, Me.

As this seems to be the season for Presidential addresses it may not be out of place for me to continue this time-honored custom. which will be more honored in the breach than in the observance. It has been a real honor and pleasure to have served you and to have found such willing co-operation. We now have one hundred and sixty-seven members and are gradually growing. This has a real significance, it seems to me, and should be taken advantage of. We need to hold together strong and develop still more the esprit de corps which already has existed. Without patting ourselves on the back, I know you all will agree with me that there are no better fellows on earth than in this same Society. There is a thought occasionally expressed by visitors that we have a fine set of physicians here in this community, for we truly regard this county as our community, and that there is co-operation here. I think this is true, but there is need of even closer co-operation and acquaintanceship. We should know each other better.

With the act for medical defense in operation there is great need for an increased membership to make this society successful. Every man in this county who is of good moral character and professional standing should be admitted to membership. If possible, 100% membership should be the aim. Thus we will amalgamate, not for selfish reasons, but to know each other and so strengthen ourselves. If some have erred slightly from the path, it will be of inestimable advantage to have them admitted and by example and guidance be kept in the right direction. If there be such, it is safer to have them in than out. It will benefit both of us. This does not mean, however, abortionists or other medical malefactors.

Emphasis cannot too often be laid upon the necessity for both young and old physicians to guard sacredly the reputation of his brothers and not by some chance smart remark or look give to the patient an ill-advised suggestion which may be the start of a suit for malpractice. I believe the majority of malpractice suits start in this way. We should aim to protect our patients' interests in every possible way and give all reasonable skill and knowledge that we pos-

sess, which is all that can be expected. Proper records should be kept and findings noted, and X-rays, etc., taken. Have a perfect understanding with your patients and leave no stone unturned that would be cause for criticism. Then with a closer co-operation among ourselves we will be able to render service to mankind in its highest sense and be protected from the blackmailers and others of that sort who wish to harm us without definite cause. Eternal vigilance is the keynote. We all are in the same boat. What hurts one, hurts the rest, and it will act as a boomerang on the unguarded physician who unwittingly gives the evil suggestion. I am led to speak of this by two cases of malpractice which were called to my attention as President of this Society. They are still pending, but probably will be pigeon-holed. Both of these cases were caused by an unguarded word of a fellow practitioner.

In the drive for new members and in taking account of stock of ourselves co-operation is necessary, and each should make this a real live Society. Seek out worthy new members. Assure them that the Defense Committee and their attorneys through the State Secretary will take up any threatened suits for malpractice. And when the new members come in give them the hand of good fellowship. Show them that you are glad to see them there. A kind word from the older men acts better than a tonic. You can take out of this just what you put into it. The wisdom of the more experienced will aid the dauntless enthusiasm of the younger. In this connection, I wish to offer for discussion the suggestion of the admission of the so-called homeopaths to this Society. Whether or not you think it advisable, Article III of the Constitution states regarding eligibility: "Every legally registered physician residing and practicing in Cumberland County who is of good moral and professional standing and who does not support or practice, or claim to practice, any exclusive system of medicine shall be eligible for membership." Section I, Chapter I, of the By-laws, regarding the qualification for membership, states: "Every reputable and legally qualified physician in Cumberland County who does not support or practice, or claim to practice, sectarian medicine shall be eligible to membership." This hinges on two words, as you see: exclusive and sectarian. Exclusive—to shut out, to except. Sectarian—a body or number of persons united in tenets or who follow some teacher

or leader, whatever the personal beliefs of the individuals concerned. I am sure that those who know the homeopaths in this community know that they are not too sectarian and do not exclude the regular practice of medicine in many cases. "In a field where our aims are one, our enthusiasms the same, our impulses generous, we can surely be reconciled." Furthermore, in many places in Massachusetts, and in Bangor, they are admitted to the county societies. I have been told that one of the past Presidents of the State Association was a homeopath. This could well be placed in the hands of a committee to bring the matter in proper form before the Association at its next meeting.

A suggestion has come from the Secretary of the State Association for the appointment of a Secretary and Treasurer for a five-year period. I feel that this is a very wise one. It takes some time for a Secretary to know the work and to get acquainted with the other County Secretaries and their work. Furthermore, I can well testify to the character and ability of our present Secretary, Dr. E. Eugene Holt, Jr., who has put a lot of time, effort and enthusiasm into the work, and of whose merits I need not tell you that know him. I feel that it would be a privilege and honor to have him continue as Secretary for the five-year period, or fill out the term as he so wishes.

This year there has been inaugurated a meeting or get-together of the County Secretaries of the State, which produced beneficial results. I feel that the Secretary's expenses should be paid on these official trips.

Notwithstanding the honesty and trustworthiness of our present Secretary and Treasurer, it might be wise if an Auditing Committee were appointed to verify the accounts. While it may not be needed at the present time, nevertheless there is a large sum of money handled, about \$1,000 yearly, and it would be easy by mismanagement, even without dishonesty, especially during a five-year tenure of office, to deflect the sums due the County Society. This could well be handled by the Board of Censors acting as an Auditing Committee. This suggestion comes from the Secretary and Treasurer himself, so I have no hesitation in recommending it.

At the present time there is a balance on hand of over \$600. What is your mind to do with this? I might suggest that perhaps

\$500 should be set aside as a reserve fund or savings to be drawn upon when exigency arises, or some worthy object would commend itself.

It was suggested by Dr. Pingree that the offices of Secretary and of Treasurer be united as being more efficient. This was endorsed but not acted upon. I might suggest that a motion be in order to amend Article V of the Constitution to read, instead of the words "Secretary, Treasurer," the words "Secretary and Treasurer," or the custom may be continued to elect the same man to both offices.

Sec. 3, Chapter II, of the By-laws says that at least one meeting during each year shall be set apart for a discussion of the business affairs of the county profession. In line with this I might suggest for your approval, whether or not it were wise to arrange for a symposium by local talent or some interesting topic at least once yearly. This could well be chosen during mid-winter, when it is often hard to get speakers on account of the transportation problem. This can well be left to my successor, but perhaps an expression of opinion would guide him along this line. While the Portland Medical Club invites as speakers only members of the club, it would seem the province of the County Society to obtain speakers from away and become better acquainted with their line of work.

Reports of cases have gone this year a good deal by default. I think this should be revived. We welcome constructive criticism, and have heard from a few men out of town that the papers were too deep and too scientific in the past and that they did not get much out of it. This could be remedied by reports of cases and the informal discussion these call up.

Striving to make these meetings more instructive and attractive we have started the afternoon clinic idea, which would seem to be of advantage along this line. For this we are much indebted to Dr. MacAusland for giving us so much of his time, and to Dr. Abbott and his colleagues for their assistance. We should be glad of suggestions along this line.

In regard to attendance, if the members realized how hard their officers work to provide attractive meetings for them, they would surely turn out in goodly numbers, although this year there is no complaint. Let us all make every effort to get to these meetings and make this Society boom.

SUMMING UP.

I believe the Society should take such action as may be deemed fit on the following points:

- 1. Advisability of amending Article III of the Constitution and Section I, Chapter I of the By-laws, to admit homeopaths to this Society, or appoint a committee to look into this matter.
- 2. Amending Article V of the Constitution for the election of the Secretary and Treasurer for a five-year period, or continue the same man in both offices. In this regard I might read Article IX of the Constitution regarding amendments: "The Society may amend any article of this Constitution by a two-thirds vote of its members at any regular meeting, provided that such amendment or amendments are not in conflict with the laws and regulations of the State Association: provided also that such amendment shall have been read in open session at a previous regular meeting and shall have been sent by mail to each member ten days in advance of the meeting at which final action is to be taken."
 - 3. Discussion of a symposium.
 - 4. Appointment of an Auditing Committee.
- 5. Disposition of the funds. Is it advisable to place \$500 as a reserve fund in savings?
- 6. The expenses of the Secretary should be paid when on official business of the Society. I believe he should be reimbursed for his expenses of \$15.00 at the recent meeting of State Secretaries.

Such, then, is our report. We have tried to keep the faith, and as founders of the Society so stated have had pride and ambition to leave it in better condition as regards both scientific attainments and harmony than at the beginning of the term of office, if that were possible to be attained.

JOURNAL OF MAINE MEDICAL ASSOCIATION

Editorial Staff.

DR. JAMES A. SPALDING, Portland.

DR. BERTRAM L. BRYANT, Bangor.

DR. C. J. HEDIN, Bangor.

DR. A. S. THAYER, Portland. DR. L. D. BRISTOL, Augusta.
DR. T. E. HARDY, Waterville.

Dr. Frank Y. Gilbert, Managing Editor, 148 Park St., Portland.

County Editors.

DR. S. E. SAWYER, Lewiston.

DR. F. E. BENNETT, Presque Isle.

DR. HAROLD J. EVERETT, Portland.

DR. G. L. PRATT, Farmington.

DR. A. L. JONES Old Orchard.

R. G. L. PRATT, Farmington.

DR. A. L. JONES, Old Orchard.

DR. S. J. BEACH, Augusta.

DR. F.

DR. D. M. STEWART, South Paris.
DR. H. D. McNeil, Bangor.
DR. C. C. HALL, Foxcroft.
DR. R. C. HANNIGEN, Bath.
DR. H. W. SMITH, Norridgewock.
DR. G. A. NEAL, Southwest Harbor.

DR. F. H. WEBSTER, Rockland.

Editorial Comment.

PROFESSIONAL INCOME.

How the Federal Tax Applies to the Man of the Professions.

To the professional man the problem of correctly making out an income tax return for the year 1920 is somewhat more involved than that presented to the salaried man. The wage earner on a fixed salary has an accurate estimate of the amount of compensation received for personal services, while the professional man's income varies from year to year. In the professional class may be included the physician, dentist, lawyer, architect, veterinarian, author, and clergyman. Each must figure up his net income for the last year. If single or if married and not living with his wife and his net income was \$1,000 or more, or if married and living with his wife and his net income was \$2,000 or more, a return must be filed.

The exemptions are the same as for the year 1919, \$1,000 for single persons and \$2,000 for married persons living with husband or wife, and heads of families, plus \$200 for each person dependent upon the tax payer if such persons are under 18 years of age, or incapable of self-support because mentally or physically defective. The period for filing returns is from January 1 to March 15, 1921.

The professional man must make a return of all fees, salaries and other compensation for services rendered, together with income from all other sources. If he keeps his accounts on the "receipts and disbursements" basis—which means a record of the amount received and the amount paid for expenses—he should file his income tax return for the year 1920 on that basis. If he keeps books showing income accrued and expenses incurred during the year, he must make his return from his books and include all income, even though not entered on his books. If books are kept on the accrual basis the tax payer must include all income that accrued, even though not actually received, and may deduct items of expense, although not actually paid. Both the receipts and disbursement basis and the accrual basis are explained in instructions on the forms for filing individual returns of income.

This constitutes gross income from which the tax payer is allowed certain deductions in arriving at net income upon which the tax is assessed. Among such deductions are the cost of supplies used by him in the practice of his profession, expenses paid in the operation and repair of an automobile used exclusively in making professional calls, dues to professional societies and subscriptions to professional journals, rent paid for office room, expense of fuel, light, water, telephone used in his office, and the hire of office assistants. Amounts expended for books, furniture and professional instruments and equipment of a permanent character are not allowable deductions. In the case of a professional man who maintains an office, but incidentally receives at his home patients, clients, or other callers in connection with his professional work, no part of the rent of the home is deductible. If, however, he uses part of the house for his office such portion of the rent as is properly attributable to such office is a deductible item.

A reasonable allowance is made for depreciation, or wear and tear of equipment and instruments used by professional men. When through some new invention or radical change in methods or similar circumstances, the usefulness in his profession of some or all of his instruments or other equipment is suddenly terminated, so that he discards such asset permanently from use, he may claim as a loss for that year the difference between the cost (reduced by reasonable adjustment for wear and tear it has undergone) and its junk or salvage value. If the apparatus was owned prior to March 1, 1913—the date the first income tax law became effective—its fair market value at that date should be considered instead of its cost in figuring depreciation and obsolescence.

Deductions for uncollectible fees form an important item in the returns of many professional men. To be allowed as a deduction, a debt must be worthless and must have been charged off within the year in which its worthlessness was discovered. The return must show evidence of the manner in which discovery was made. For example, statement should be made that the debtor has been discharged from bankruptcy or has disappeared leaving no trace, or that all ordinary means of collections have been exhausted.

A debt proved to be worthless is not always a proper deduction. Unpaid amounts representing fees for professional services are not allowed as deductions unless included as income in the return for the year in which the deduction is sought or in a previous year. The fact that expected income was not received does not reduce the taxable income. If a debt is forgiven it cannot be deducted, because it is then regarded as a gift. A debt may not be charged off or deducted in part, but must be wholly worthless before any part can be deducted.

Compensation in any form for professional services must be included as income. If a physician, lawyer, or other professional man should receive from a merchant goods in payment for professional services, the fair market value of such goods must be included as net income.

Forms for filing returns are now available at offices of collectors of internal revenue and branch offices. Collectors will mail to each person who last year filed a return a copy of the return form for 1920. Failure to receive a form, however, does not relieve a tax payer of his obligation to file a return and pay the tax on time. Tax payers whose net income for the year 1920 was \$5,000 or less should use Form 1040A. Those whose net income was in excess of \$5,000 should use Form 1040.

In addition to the individual forms, partnerships must file a return of income, or even if there was no net income, on Form 1065. Partnerships as such are not subject to the income tax. Individuals carrying on business in partnership, however, are taxable upon their distributive shares of the net income of such partnerships, whether distributed or not, and are required to include such shares in their individual returns. The return must show the name and address of each partner and his share of net income.

The tax this year as last may be paid in full at the time of filing the return—on or before March 15, 1921—or in four equal installments, due on or before March 15, June 15, September 15, and December 15. Payment may be made by cash, money order or check, which should be made payable to "Collector of Internal Revenue." The return must be filed with the collector for the district in which the tax payer lives or has his principal place of business. Heavy penalties are provided by the revenue act for failure to file a return and pay the tax within the time prescribed by law.

Necrology.

FREDERICK FREMONT BIGELOW.

1858-1920.

Dr. Bigelow, a well known member of the Aroostook County Society and of our Association, died at the Madigan Hospital in Houlton rather suddenly from myocarditis, September 24, 1920, although he had suffered off and on for several years from a low form of interstitial nephritis.

The son of Charles Parker and Roanah Ball Bigelow, he was born February 4, 1858, at Boylston, Mass., educated in the schools of Clinton and Worcester, and obtained his medical degree at Jefferson Medical College in 1883. He served additionally as interne to the Worcester City Hospital, and studied in the office of Dr. Rich, a wellknown practitioner of that city. He married about this time Miss May Bingham, from Maine, and in 1884 removed his practice to Patten, Me., where he had excellent success. His wife dying in 1890, he felt too much the loneliness of his locality and went back to Worcester, where he joined a medical partnership with Dr. Rich, his former instructor in medicine. In 1893 he married again, Miss Winifred Shirley Perry, and with her he settled in Island Falls and enjoyed a very excellent practice, being very successful in puerperal convulsions, in many cases of anthrax, and in accidents occurring in lumbering camps and saw mills. He wrote two good papers on "Puerperal Convulsions" and "Anthrax" for the County Society. and was fond of medical studies in all directions. He liked to rest from his labors for the sake of his health, and spending some vacations in the South he took the opportunity to follow post-graduate studies repeatedly in New York and elsewhere. He was a man who liked a good book and a good laugh and plenty of good talk. He was one of those very rare physicians who like to talk over their cases with their wives, and in that way get womanly suggestion and advice. He had an extensive medical consultation practice from Island Falls as a center, and was as a man very much liked by his fellow physicians.

He did a good deal of minor surgery, like tonsillectomies, curetting of adenoids, and had several successful appendicitis operations, so that he was truly a good all-around man.

He saw two obstetric cases on the 6th of September, answered his last call on the 8th, and immediately afterward went into the hospital, where, in spite of the best of skill, he finally paid the last debt to nature.

I call him a man of high ability and one whose life proved him to be capable of all that a general practitioner can be called upon to do. He is survived by a widow and a very promising young son, whom we hope to see a follower in his beloved father's footsteps in medicine.

J. A. S.

County News and Notes.

YORK.

YORK COUNTY MEDICAL SOCIETY.

The quarterly meeting of the York County Medical Society, held in Biddeford Thursday, Jan. 6th, was one of the most interesting and largely attended meetings in the twenty-five years that the present medical society has been organized.

Four applications for membership were received and referred to the Board of Censors. The report of the Treasurer, Dr. Carl G. Dennett, Saco, showed that during the year 1920 there were 62 members. The receipts for the year were \$461.82; expenses, \$342.87; balance in the treasury Jan. 1, 1921, \$118.95.

A letter from Dr. F. N. Whittier, of Brunswick, was read, and discussed by several members. Dr. Whittier is professor of bacteriology and pathology in the Bowdoin Medical School and the chairman of a committee that is making plans for the re-organization of the Medical School and the State Department of Health.

It was voted that a committee on resolutions be appoined by the chair, and Dr. A. L. Jones, of Old Orchard, Dr. E. E. Cook, of York Village, and Dr. C. F. Kendall, Biddeford, were appointed.

The following resolutions were presented and adopted:

Resolved, That it would be a great detriment to the people of Maine to have its Medical School discontinued, and to be obliged to depend upon other States for the education of its young people who desire to become physicians.

Resolved. That we pledge the best efforts of the physicians of this county to aid in securing sufficient funds to enable the school to continue as a class "A" school.

Resolved, That to meet the present emergency we appeal to the legislature of Maine to grant an appropriation sufficient to carry on

the school, until some permanent arrangement can be made to insure its successful continuance.

ARTHUR L. JONES,
EDWARD C. COOK,
CLARENCE F. KENDALL,
Committee on Resolutions,
York County Medical Society.

Biddeford, Me., Jan. 6, 1921.

The programme of the afternoon session, which was opened at 2.00 o'clock. Dr. Paul S. Hill of Saco, the newly-elected President, presiding, was highly instructive and was most favorably received by all who attended.

The first address was by Edward H. Risley, M. D., Waterville, chairman of division of cancer, Maine Public Health Association. His subject, "The Modern Aspect of the Cancer Problem," was presented in a brilliant manner, revealing a most thorough knowledge of this vast and difficult problem in a physician's work.

Dr. George H. Coombs, director of the division of venereal diseases, State Department of Health, Augusta, was the second speaker, and he presented some valuable information as to the increasing requirements of the department of public health work, to which he is devoting much time and effort.

Dr. Otto Lowy, of Newark, N. J., director of the Lowy laboratories, demonstrated the use of arsphenamine by intravenous injection upon three patients, who were introduced by Dr. D. E. Dolloff, of Biddeford. Dr. Lowy is an eminent chemist and a scientist of national reputation. As a demonstrator, under the direction of the United States Public Health Service, he is visiting various States and instructing a great many physicians by his skillful operative methods and his excellent lectures.

Dr. B. L. Bryant, Bangor, Secretary and Treasurer of the Maine Medical Association, was the last speaker. He spoke in an encouraging manner of the outlook for the development and increasing influence of the Maine Medical Association, which consists of the component county medical societies. There is need of greater cooperation, he stated, among the physicians of Maine, and it is desired to have every reputable physician a member of this county medical society, which is necessary in order to be a member of the

State Medical Association and of the American Medical Association. Dr. Bryant referred to the many advantages and privileges of such membership.

Several of the physicians discussed the various addresses and many questions were asked the speakers, Dr. Lowy especially having to explain numerous points.

A vote of thanks was given all who assisted in presenting such a notably good programme.

There were present the following physicians: Otto Lowy, Newark, N. J.; George H. Coombs, Augusta; E. H. Risley, Waterville; B. L. Bryant, Bangor; S. J. Beach, Portland; F. W. Smith, York Harbor; E. C. Cook, York Village; J. W. Gordon, W. W. Smith, Ogunquit; C. W. Blagden, Sanford; A. J. Stimpson, Kennebunk; H. L. Prescott, Kennebunkport; S. B. Marshall, Alfred; H. A. Owen, Bar Mills; W. H. Baker, West Buxton; B. M. Moulton, Springvale; B. F. Wentworth, Scarboro; C. J. Emery, M. H. Ferguson, H. W. Hurd, F. E. Small, C. F. Kendall, D. E. Dolloff, C. F. Traynor, Biddeford; J. D. Cochrane, J. D. Haley, P. S. Hill, F. C. Lord, G. R. Love, Laura B. Stickney, C. G. Dennett, Saco; J. A. Randall, A. L. Jones, Old Orchard.

Notices.

UNITED STATES CIVIL SERVICE EXAMINATIONS.

Senior Assistant Physician, \$2,500 to \$3,500 a Year.

Assistant Physician, \$2,000 to \$2,500 a Year.

Junior Assistant Physician, \$1,500 to \$1,800 a Year.

Receipt of Applications to close March 22, 1921.

The United States Civil Service Commission announces open competitive examinations for the positions listed above. Vacancies in Saint Elizabeth's Hospital, Washington, D. C., at the salaries indicated, and in positions requiring similar qualifications, at these or higher or lower salaries, will be filled from these examinations, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

Range in Salary.—The entrance salary within the range stated for each position will depend upon the qualifications of the appointee as shown in the examination.

Maintenance.—Maintenance is also provided to appointees, or in lieu of maintenance, an allowance which is determined by the amount of basic salary, either of which will be allowed in the discretion of the appointing officer. These allowances are as follows:

Salaries from \$2,500 to \$3,500 a year—\$780 a year. Salaries from \$2,000 to \$2,500 a year—\$600 a year. Salaries from \$1,500 to \$1,800 a year—\$480 a year.

Bonus.—Appointees at annual compensation of \$2,500 or less, whose services are satisfactory, may be allowed the increase granted by Congress of \$20 a month.

Citizenship and Sex.—All citizens of the United States who meet the requirements, both men and women, may enter these examinations; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

Applications.—Applicants should at once apply for Form 2118, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Custom house, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Calif.; Old Custom House, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, excluding the county officer's certificate, but *including the medical certificate*, and must be filed with the Civil Service Commission, Washington, D. C., with the material required, prior to the hour of closing business on March 22, 1921.

The exact title of the examination desired, as given at the head of this announcement, should be stated in the application form.

Preference.—Applicants entitled to preference should attach to their applications their original discharge, or a photostat or certified copy thereof, or their official record of service, which will be returned to them after inspection.



"QUALITY"



The Primary Requisites of an ARSPHENAMINE Preparation are

TOXICITY — SOLUBILITY — HIGH THERAPEUTIC VALUE

ERGO-In the manufacture of

ARSAMINOL AND NEO-ARSAMINOL

our paramount aim is to combine the unequaled qualities of the

THREE IN SOLUBILITY—reduced below government standards. SOLUBILITY—immediate, in cold distilled water. THERAPEUTIC VALUE—enhanced by full arsenic content.

Subject to U. S. Government and our own Laboratory tests—also clinically, the VITAL test.

Our Arsphenamine products have been exhibited with gratifying results by Genito-Urinary members of the Maine profession.

Descriptive Literature and Price List on application.

TAKAMINE LABORATORY, INC.

Takamine Building

Laboratory and Works; CLIFTON, NEW JERSEY 12 Dutch St., NEW YORK, N. Y.

Cable Address:
"Jokichi," NEW YORK

Every Physician

In general practice should have a BURDICK ELECTRIC LIGHT AP-PLICATOR for local and general applications. It will produce

DEEP EFFECTIVE HYPERAEMIA INCREASED LEUCOCYTOSIS INCREASED VITAL RESISTANCE

Useful for the relief of inflammation and congestion, to promote quick healing of wounds, relieve pain, etc.

Write for descriptive literature.

Clapp Anderson Co.

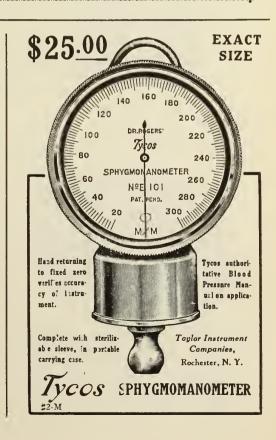
Specialists in high quality X-Ray and Electro-Medical Apparatus

120 Boylston St.

Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me. Maine Representative



9.15

9.00 A. M. Invocation.

Address of Welcome.

Notes.

PROGRAM FOR THE JUNE MEETING OF THE MAINE MEDICAL ASSOCIATION AT BANGOR.

Tuesday, June 28th, 1921.

9.30	Dr. Henry E. Marston, No. Anson—"How to Meet Some Daily Problems of the General Practitioner."
9.50	Dr. Delbert M. Stewart, South Paris — "The General Practitioner as a Citizen."
10.10	Dr. Adin L. Smith, Machias — "The Doctor and Preventative Medicine."
10.30	Dr. Fred W. Mann, Houlton—"Obstetrics from the Standpoint of the General Practitioner."
10.50	Discussion.
11.30	Paper on Medical Organization.
2.00 P. M.	President's Address — Dr. T. E. Hardy, Waterville.
	Dr. Luther G. Paul, Boston—Surgical paper.
	Dr. John Lovett Morse, Boston — "Nephritis in Child-
	hood."
	Wednesday, June 29th, 1921.
9.00 A. M.	Wednesday, June 29th, 1921. Dr. Carl G. Dennett, Saco—"Focal Infections."
9.00 A. M. 9.20	
	Dr. Carl G. Dennett, Saco—"Focal Infections." Dr. Frank H. Jackson, Houlton—"Intestinal Obstruc-
9.20	 Dr. Carl G. Dennett, Saco—"Focal Infections." Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville—"The Value of the
9.20 9.40	 Dr. Carl G. Dennett, Saco—"Focal Infections." Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville—"The Value of the Two-Stage Operation in Surgery." Dr. Allen Woodcock, Bangor — "After Treatment of Poliomyelitis."
9.20 9.40 10.00	 Dr. Carl G. Dennett, Saco—"Focal Infections." Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville—"The Value of the Two-Stage Operation in Surgery." Dr. Allen Woodcock, Bangor — "After Treatment of
9.20 9.40 10.00 10.20 11.00	 Dr. Carl G. Dennett, Saco—"Focal Infections." Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville—"The Value of the Two-Stage Operation in Surgery." Dr. Allen Woodcock, Bangor — "After Treatment of Poliomyelitis." Dr. Richard D. Small, Portland — "Cæsarean Section."

By Surgical Dressings

Maximum Precautions

B&B Sterile Dressings are sterilized in the containers after being sealed. They are sterilized by live steam following a vacuum.

To prove efficiency, center fibers from the packages are being constantly subjected to incubator tests.

Thus B&B Cotton and Gauzes come to you utterly sterile if the package is intact. You may be sure of that.

Both are packed in our Handy Package. One cuts off what is needed without touching the balance.

B&B Plaster Paris Bandages come wrapped in water permeable paper which need not be removed in the wetting.

B&BFormaldehydeFumigators conform to U.S. Public Health Service standards.

Thus with all B&B products. We have spent 27 years in perfecting them for you. Each conforms to the highest standards. And in many ways you will find these products better than you expect.

BAUER & BLACK

Chicago New York Toronto

Makers of Sterile Surgical Dressings
and Allied Products



B&B Zinc Oxide Adhesive

This is a fine example of B&B efficiency. Three masters of adhesive direct the making. They employ modern and costly apparatus. You will find here your ideal adhesive. Try it.



Each Pad Sealed

Each pad of B&B Handy Fold Plain Gauze is sealed in a parchmine envelope. The envelopes are sterilized again after packing. The cartons contain 10 or 30 pads.



One Cake Equals 6 lbs. Carbolic

B&B Surgeon's Soap shows a phenol coefficient of 51.98. A one per cent lather corresponds in bactericidal strength with a 50% solution of carbolic acid. One cake represents the germicidal power of six pounds carbolic acid. It is the only type of cake soap which can properly be called germicidal.

Boralol

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

T is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best

results are obtained by dissolving in hot water.

Ask For Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

HEPATIC INSUFFICIENCY

Overcome in many respects by

GLYCOTAURO,

H. W. & D.

(Ox-bile, Purified and Standardized)

Supplied as Enteric Coated Tablets
72 in a Tube

Usual Dose: 2 Tablets Thrice Daily

"The True Cholagogue"
Increases the Flow and
Fluidity of Human Bile

A Tube for Trial upon Request

HYNSON, WESTCOTT & DUNNING BALTIMORE

TRY

LANGTON RX OPTICAL WORK

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

C. A. L. Langton

Manufacturing Optician
419 Boylston St.
Boston, Mass.



Infant Feeding

Diet Materials

An Easily Assimilable Carbohydrate Element for Baby's Food

MEAD'S DEXTRI-MALTOSE (Dextrins and Maltose) is assimilated by infants in much greater amounts than cane sugar or milk sugar before reaching the limit of tolerance. It is also the form of sugar least liable to cause indigestion, diarrhoea and other digestive

disturbances.

The fact that MEAD'S DEXTRI-MALTOSE is ethically dispensed and its use, except on physicians' prescriptions, is discouraged, naturally creates a favorable impression among

We invite investigation of the suitability of MEAD'S DEXTRI-MALTOSE for YOUR bottle fed babies and will gladly send samples and full information regarding its use.

SOME OF OUR INTERESTING LITERATURE IS LISTED BELOW

"Slide Feeding Scale," "Key for Modifying Cow's Milk," "Very Young Infants,"
"Diets for Older Children," "Diets for Nursing Mothers," "Prescription Blanks,"
"Instructions for Expectant Mothers."

IND.U.S.

D'S DEXTRI-MALTOSE IS ADVERTISED ONLY IMEDICAL PROFESSION. PO EEDING DIRECTION OF THE PROFESSION OF TH

Oculists Prescription Work

THE SMITH-SOMES CO. **OPTICIANS**

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess



A Most Effective Antiseptic Gargle SORE THROAT is

AROMATIC CHLOR-AZENE POWDER

Contains the synthetic chlorine-bearing agent (5%) with desirable sodium salts and eucalyptol added. Weight for weight 2½ times more powerful than phenol and far more rapid in action. Yields a strong antiseptic solution of just the proper soothing alkalinity for best results, yet harmless to the nser, and pleasant to taste and smell; a solution in all respects happily suitable for throat application, either as a spray, gargle or douche. A resource against epidemic "colds" and tonsillitis no doctor should overlook.

In 4-ounce bottles at \$7.20 a dozen, net; also in bulk at \$4.00 for five pounds, net and f. o. b.. Chicago.

THE ABBOTT LABORATORIES

Home Office and Laboratories Dept. 38, Chicago, Ill.

New York Los Angeles Seattle Toronto San Francisco Bombay



HEADQUARTERS

Our facilities make us headquarters for the Endocrine Gland and Organotherapeutic products.

E LIXER OF ENZYMES is a palatable preparation of the proteolytic and curdling ferments that act in acid medium. It is recommended as an aid to digestion and as a gastric tonic generally.

Elixir of Enzymes is of special service in correcting faulty proteid metabolism which is one of the principal causes of autointoxication.

Elixir of Enzymes is an excellent adjuvant and vehicle for exhibiting iodids, bromids, salicylates and other drugs that disturb the digestive functions. One dram of Elixir Enzymes will carry 46 grains of potassium iodid, or 45 grains of sodium salicylate, or 17 grains of potassium bromid.

Elixir of Enzymes contains the curdling ferment and may be used for making junket or curds and whey. Add one teaspoonful of the Elixir to half pint of lukewarm milk, stir thoroughly and let stand till cool.

For minimizing the organic disturbances and eliminating the corrosive effect of potassium iodid on the mucous membrane of the stomach as well as disguising the taste, the following combination is recommended:

Potasium Iodid, 2 ounces.

Distilled water, enough to make two fluid ounces.

To exhibit, for instance, 20 grains of potassium iodid three times daily, use one teaspoonful of Elixir of Enzymes, one teaspoonful of the above solution to half pint of lukewarm milk; stir thoroughly and let stand until cool. Take one-third of this quantity as a dose. This junket should be made up fresh every morning.

ARMOUR COMPANY

CHICAGO

Pituitary Liquid ½ c. c. and 1 c. c. ampoules, 6 in box.

Pituitary powder and tablets. Anterior Pituitary Powder and Tabs. Posterior Pituitary Powder and Tabs.

Corpus Luteum (true) powder and 2 and 5 grain Tabs, and 2 and 5 grain capsules.

Pepsin, U. S. P. scale, granular and powder.

Pancreatin, U.S. P. Powder.



THE JOURNAL



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 8.

MARCH, 1921.

\$2.00 per year

Gastron

"arrives"

For a long time GASTRON was "the thing beyond," the product-to-be—an extract of the entire stomach glands, alcohol-free. The idea that this would be of great interest and importance to the physician was persistent.

Now GASTRON, the reality, actually representative of the gastric gland tissue juice in active principles, in complex properties,—obtained by acid-aqueous-extraction—has "arrived," through actual clinical trial, as a reliable and efficient resource in dealing with disorders of gastric function.

N. B.—GASTRON contains no sugar.

FAIRCHILD PROS. & FOSTER, NEW YORK

OFFICERS.

President—T. E. Hardy, Waterville, 2nd Vice-Pres.—James McFadyen, Milo. 1st Vice-Pres.—G. R. Campbell, Augusta, Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District, Second District,	J. F. Thompson, Portland, E. V. Call, Lewiston,	Term	expires	1921.
Third District,	W. E. Kershner, Bath,	6.6	6.6	1923.
Fourth District,	F. H. Badger, Winthrop,	6.6	6.6	"
Fifth District,	Lewis Hodgkins, Ellsworth,	6.6	6.6	1922.
Sixth District,	C. H. Burgess, Bangor,		"	6.6

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	S. I. Andrews, Lewiston,	L. J. Dumont, Lewiston.
Aroostook,	P. E. Gilbert, Ashland,	F. E. Bennett, Presque Isle.
Cumberland,	N. M. Marshall, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Hancock,	A. H. Parcher, Ellsworth,	Geo. A. Neal, Southwest Harbor
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	J. G. Hutchins, Camden,	H. W. Frohock, Rockland.
Oxford,	O. S. Pettingill, Hebron	W. T. Rowe, Rumford.
Penobscot,	Jarvis B. Woods, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxcroft.
		C. N. Stanhope, Dover, Acting.
Sagadahoc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	H. W. Smith, Norridgewock,	C. E. Richardson, Skowhegan.
Waldo,	Elmer Small, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles—		Miscellaneous—	
Public Health Accomplishments and Needs in Maine	243	Necrology	263
Editorial Comment—	240	Book Review	265
The Physician and the Crime Wave.	260	County News and Notes	266
The Annual Meeting	261	New and Non-Official Remedies	269
The Cancer Problem	262	Notes	270

LIP-READING

MULLER-WALLE METHOD

For the Hard-of-Hearing and Deaf Adult

Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS

MISS MARGARET J. WORCESTER

Montreal Canada

65 Thomas Street Portland, Maine

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address:

For Particulars and Rates write to FRANCIS J. WELCH, M.D.

EAST PARSONSFIELD, MAINE



Dr. Leighton's Hospital

PORTLAND, MAINE

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Telephones | 1318 | 1406

Portland, Maine

Invalid's Retreat

Center Conway, N. H.
Two hours ride from Portland, Mountain Division.

Retreat for aged, convalescent, or feeble minded (not violent). Home life, practical nursing. Good references.

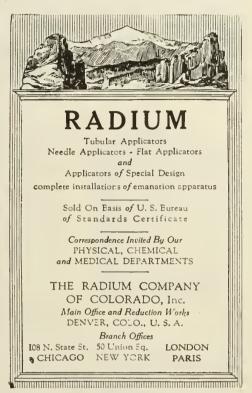
Write, Mrs. E. B. Marden, Conway Center, N. H.



DEPENDABILITY—

As applied to our Laboratory, dependabilty means

- —Absolute accuracy in the analysis of all specimens.
- Promptness in the forwarding of reports.
- —Fees that are reasonable, yet consistent with careful work.



ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.





Tuberculosis

For more than twenty years Dr. Beverly Robinson of New York has been using and praising the use of creosote in the treatment of pulmonary tuberculosis. It acts as an intestinal antiseptic. Part of the creosote will be excreted by the lungs, inhibiting the growth of secondary infectious micro-organisms, and in so much certainly acts for good in pulmonary tuberculosis. Handbook of Therapy, Ed. 3 The Journal A. M. A., pp. 186-187.

CALCREOSE is a mixture containing in loose chemical combination, approximately equal parts of creosote and lime. CALCREOSE has all of the pharmacologic activity of creosote, but does not cause any untoward effect on the gastro-intestinal tract. CALCREOSE may be taken in comparatively large doses—in tablet form or in solution—without any disagreeable byeffects; therefore it is particularly suitable for the treatment of these patients.

Write for samples and literature

THE MALTBIE CHEMICAL COMPANY NEWARK, NEW JERSEY

The STORM ABDOMINAL SUPPORTER

PATENTE

Adapted to Use of Men, Women and Children and Babies
FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREG-NANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.







Special Kidney Belt

Washabie as Underwear

inguinal Hernia Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA

No Whalebones



Co-operation

THE Victor X-Ray Corporation does far more than develop, manufacture and sell X-ray apparatus. It is more than a purely commercial institution. Ever since the X-rays were practically applied it has acted as a technical counselor and engineer to physicians and surgeons. For nearly a generation it has placed its facilities, its accumulated electrical and physical knowledge, its wide experience in manufacturing X-ray apparatus and in installing that apparatus in hospitals and offices at the disposal of the medical profession.

From the day of its foundation the Victor X-Ray Corporation has steadily pursued this policy of co-operation. Physicians and surgeons have brought to it their problems. As a result it has developed in its research laboratories apparatus which is to be found in the foremost hospitals and practitioners' offices.

Every physician recognizes the invaluable aid that the X-rays lend in diagnostics and therapeutics. The time is rapidly approaching when every physician will install his own X-ray apparatus.

To keep progressive physicians informed of the improvements that are made in X-ray equipment and to set forth new applications of the X-ray, the Victor X-Ray Corporation publishes "Service Suggestions."

"Service Suggestions" will be sent free of charge to physicians on request, whether or not they are users of Victor apparatus. The publication of the organ is merely part of the *service* rendered by the Victor X-Ray Corporation to the medical profession.

The Victor X-Ray Corporation feels that its responsibility does not end with the manufacture of the most efficient apparatus that can be designed. It studies a physician's requirements before it supplies a machine; it gives practical guidance in the operation of the machine when called upon to do so; and through its many service stations it is always ready to keep its machines in perfect condition. And lastly, it publishes "Service Suggestions" to chronicle X-ray progress.

Victor X-Ray Corporation

General Offices and Factory

Jackson Blvd. at Robey St.

Chicago

Territorial Sales Distributors:

F. H. Saxby & Weston Oyler

711 Boylston,

Boston, Mass.

Adrenalin in Medicine

6-In Endocrinology

THE action of Adrenalin is so fleeting as to narrow the scope of its utility in organotherapy. Its important place in clinical endocrinology is that of a diagnostic indicator of deviations from the normal secretory activity of certain glands.

Hyperthyroidism can be detected by the Goetsch test. This test is based on the fact that thyroid secretion sensitizes the sympathetic nerve endings to the action of Adrenalin. The technique consists of the subcutaneous injection of 0.5 cc Adrenalin 1:1000 and the subsequent observation of objective and subjective phenomena.

Blood-pressure readings are taken over a period of one and one-half hours at intervals varying from two and one-half minutes at the beginning of the reaction to ten minutes at the end. In positive cases the systolic bloodpressure rises at least ten points during the first fifteen minutes with an accompanying increase of about ten beats a minute in the pulse-rate. Soon there is noted a slight fall in systolic pressure and then a secondary rise. In about ninety minutes the bloodpressure is back to normal.

The subjective symptoms are sometimes

striking. There are heart consciousness, apprehension, and marked tremor and pallor occasionally followed by flushing and sweating. The greatest diagnostic importance of the Goetsch test is in distinguishing cases of mild hyperthyroidism from those of incipient tuberculosis.

A satisfactory test for suprarenal function can be performed by injecting subcutaneously fifteen to twenty minims of Adrenalin 1:1000 and estimating the consequent variations in blood sugar. In cases of suprarenal irritability there is an increase in blood sugar which comes on in about thirty minutes and lasts for several hours. A transient glycosuria may likewise be noted.

Loewi's test for pancreatic diabetes is dependent upon the fact that the suprarenal glands and the pancreas are physiological antagonists. In pancreatic diabetes there is impairment if not destruction of the secretory cells which allows certain Adrenalin effects to be more pronounced. One or two drops of Adrenalin 1:1000 should be instilled into one eye. In positive cases—

cases of pancreatic insufficiency—there will be a prompt dilatation of the pupil.

PARKE, DAVIS & COMPANY

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be bad during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

VOL. XI.

MARCH, 1921.

No. 8

*PUBLIC HEALTH ACCOMPLISHMENTS AND NEEDS IN MAINE.

By LEVERETT D. BRISTOL, M. D., DR. P. H., State Commissioner of Health, Augusta, Maine.

INTRODUCTION.

In the beautiful city of Denver, Colorado, a city situated at an elevation a mile higher than the average Maine city, I stood one morning on a small, elevated point of land—a city park—from which two hundred miles of mountain peaks were visible. The name of this unique park is "Inspiration Point."

I ask you to stand with me for a brief time on what might properly be called an "Inspiration Point" in the realm of our Public Health Work in Maine, and survey the peaks of accomplishment during the last year and to catch an upward and forward glimpse of the heights to be attained in the future.

*Address delivered before the Maine Public Health Association, October 9; the State Chamber of Commerce and Agricultural League, October 21; the Kiwanis Club, of Portland, October 26; the Cumberland County Medical Association, November 4, 1920.

PART I.

A BACKWARD GLANCE.

What may we see in a backward glance over the last year of our work?

First, let us consider the organization and growth of our own State Department of Health.

ORGANIZATION.

As will be recalled, the Legislature of 1917 created a State Department of Health, with a Commissioner as the administrative and executive head, and an advisory Public Health Council, in place of the former State Board of Health.

Divisions.

The work of the new Department was first organized in July, 1917, under six divisions, as follows: Administration, Communicable Diseases, Diagnostic Laboratories, Sanitary Engineering, Education and Publicity, and Vital Statistics.

In 1918 a Division of Venereal Diseases was created to cooperate with the federal government in a campaign against these ''generals'' of the hosts of disease, misery and death. During the same year a Division of Hotel Inspection was created. It has been operated only during the summer months, and has included chiefly the sanitary inspection of summer hotels. In July, 1920, a new Division of Public Health Nursing and Child Hygiene was made possible through the moral and financial support of the Maine Public Health Association and the American Red Cross. At present, therefore, there are nine divisions of the Department, each under the leadership of a full-time, trained director.

HEALTH DISTRICTS.

The three Health Districts of the State, created by the Department in 1917, were reorganized on January 1, 1920, into eight Health Districts, each of which is in charge of a District Health Officer, trained, and giving full time to the work. Headquarters of the various District Health Officers are located in the following named places: Biddeford, Lewiston, Damariscotta, Waterville, Bangor, Machias, Millinocket and Presque Isle.

LOCAL HEALTH OFFICERS.

Public Health Work in the State of Maine was centralized, so far as authority is concerned, in the State Department of Health by an Act of the Legislature of 1919. Since January 1, 1920, practically every city and town in the State has appointed a local health officer, whose appointment is subject to the approval of the State Commissioner of Health, and whose work is subject to the supervision and direction of the State Department of Health. In a sense, therefore, this means the addition of five hundred or more local health officers to the State health organization.

FULL-TIME LOCAL HEALTH OFFICERS.

Up to January 1, 1920, there were only two regular full-time trained local health officers in the State of Maine, namely, in the Town of York and the City of Portland. The U. S. Shipping Board, during the war period, maintained a Resident Sanitarian on a full-time basis in the City of Bath.

Since January 1, 1920, six additional full-time local health officers have been employed by cities and towns in the State, this being made possible by a law initiated by the State Department of Health, sponsored by Representative Sawyer, of Aroostook County, and Senators Gordon and Deering, of York County, and passed by the Legislature of 1919.

Each of the eight following named cities and towns now receives from the State eight hundred dollars a year toward the salary of their health officer, the names of these officers being on the weekly payroll of the State Department of Health. In one instance a full-time local health officer has jurisdiction over five towns and another is health officer on a full-time basis for three adjoining towns. The communities now having the benefit of such a full-time officer, in addition to York and Portland, are Bath, Auburn, Lewiston, Bangor, and the two Health Unions, (1) Old Town, Orono, Bradley, Veazie and Milford, (2) Waterville, Winslow and Vassalboro.

CLINIC CHIEFS.

Since July 1, 1920, eight physicians have been placed on the joint pay-roll of the State Department of Health and the United

States Interdepartmental Social Hygiene Board to administer treatment in Venereal Disease Clinics and Health Centers in the following cities and towns: Portland, Lewiston, Bangor, Augusta, Bath, Biddeford, Sanford and Calais. Each such Clinic Chief receives six hundred dollars a year for his services.

AMOUNT OF WORK DONE.

Secondly, I would call your attention briefly to the increasing amount and value of the work done by the State Department of Health. Time will permit me to mention the work of only the laboratory divisions of our Department, but this may be taken as a conservative index of the growth of all our work. In 1917 our laboratory divisions made 7,894 scientific tests, including chemical, bacteriological and pathological examinations. In 1919 these tests numbered 14,557, an increase of practically 100% in two years.

Incidentally, may I not emphasize the monetary value of this work to the State. A conservative estimate shows that in 1918 the free work done by our laboratories meant a saving of \$98,000 to the people of the State. In other words, if all the laboratory work, which we did free of charge, had been done by private commercial laboratories or physicians the cost would have been approximately \$98,000. Compare this with the total appropriation of \$76,000 for all the work of the State Department of Health in 1919, and it will be noted that the people are apparently receiving a fair return on their money invested in our Department.

RESULTS IN ACTUAL HEALTH CONDITIONS.

During 1919 there was a marked decrease in practically all communicable disease deaths in the State, with the exception of whooping cough.

The number of deaths from all causes in the State during 1919 was 10,919, or 3,268 less than in 1918.

The infant mortality rate, or the number of deaths of children under one year of age per thousand children born, was reduced in many of the cities and towns of the State, especially in those communities where active infant hygiene and child welfare campaigns were carried on.

Pulmonary tuberculosis in 1919 caused 638 deaths as compared with 1,352 deaths in the year 1892.

Typhoid fever caused 44 deaths in 1919 as compared with the largest number, 242, in the year 1904.

Diphtheria caused 50 deaths in 1919 as compared with the rather high number of 162 in 1904.

Measles caused but 4 deaths in 1919 as compared with 102 the previous year.

On the contrary, the number of deaths from cancer increased from 404 in 1892 to 888 in 1919. It is interesting to note that until the recent inauguration of a campaign against cancer by the Maine Public Health Association and the State Department of Health, practically nothing has been done to prevent this disease in Maine.

PART II.

FUTURE NEEDS.

What may we see in the future as we stand at this "Inspiration Point?" In other words, what are our needs and program for progressive public health work in Maine?

MATERIAL EQUIPMENT.

1. First of all, the State Department of Health needs a new building, located near the State House. In the keeping of our Department are many valuable records, replacing of which, if possible at all, would cost the State many thousands of dollars. The records of births, deaths and marriages since 1892 are filed in the Division of Vital Statistics, and present accommodations afford no fireproof or thief-proof vaults for their keeping. Thousands of calls each year for these vital records are made, and their loss would be an inestimable disaster. Provision should be made for their protection, which is impossible in our present location.

Health work has expanded tremendously during the past few years and the personnel of the State Department has kept pace with the expansion, until at present it is impossible to house all the workers at the Health Building in the Arsenal grounds. One division, that of Public Health Nursing and Child Hygiene, is conducted at present from the offices of the Maine Public Health Association,

Augusta, for lack of quarters with the remainder of the staff. A second division utilizes offices in the cellar, which were fitted up in an emergency to meet the growing needs of the Department. The Health Department needs an entire building to itself, rather than offices in a building shared with others, for its two laboratories, as well as other divisions, can operate best when in separate quarters.

A health building, similar to the new building recently erected on the State House grounds for the Adjutant General's Department, would best fill the growing needs of health work. Such a building would best be located either on or neighboring the State House grounds. The present location on the State Hospital grounds is entirely temporary, as the building occupied has been merely loaned until such time as the hospital shall require it again. It is two miles removed from the State House, where visitors to the State Departments naturally come, and is a mile or more from the business district. Its remoteness detracts from its efficiency.

- 2. For the continued growth and work of the Department additional equipment and clerical force are required.
- 3. A branch laboratory in Aroostook County should be opened as soon as possible.
- 4. Clinics for the after-care of infantile paralysis cases should be started.
- 5. In order to retain the services of our present staff of workers, and to attract others into our employ, provision must be made for the increase of salaries. Our present salaries are based on pre-war conditions.
- 6. An appropriation of \$100,000 a years hould be provided, with an extra \$50,000 for a new building.

NEW DIVISIONS.

The Maine Public Health Association and the American Red Cross jointly are paying the salary of the director of our new Division of Public Health Nursing and Child Hygiene. This expense must be taken over by the State as soon as possible.

Our Division of Hotel Inspection, which now operates only during the summer months, and chiefly in summer resorts, should be placed on a full-time basis, with a competent director in charge, and should include all commercial hotels as well as various camps throughout the State.

Divisions of Industrial Hygiene and Mental Hygiene are needed as soon as the necessary money for their support is available.

ADDITIONAL HEALTH OFFICERS AND UNIONS.

For the employment of additional local health officers and the development of more health unions, sufficient State aid must be provided.

RURAL SANITATION.

In my opinion, the outstanding need in our entire future program is that which has to do with rural sanitation and its adequate development throughout the State.

In general, it may be said that while there has been a gradual decline in the death rate in cities, the death rate in country communities has remained fairly stationary. Furthermore, recently published statistics seem to indicate that, of the men examined for military service, those from several States having a large urban population have shown a smaller percentage of rejections on account of physical defects than those from many rural sections. The reasons for this state of affairs are not entirely clear, but it would seem that one of the chief factors is the difference of public health organization and administration in the city from that of the country. The cities, especially those of large population, long ago realized the necessity for a business-like organization to prevent disease and to conserve health. The employment of a full-time health authority, with necessary assistants to formulate and administer laws and regulations for the protection of the community at large, has been the result. City health work has become communal in nature, country health work has remained more or less individualistic.

Through the installation of an adequate sewerage system, properly controlled, a city has been able to eradicate most of the diseases spread by discharges from the intestinal and urinary tracts: by the protection of its water supply, or by the filtration and chemical purification of a polluted supply, thousands or millions of inhabitants have been protected against water-borne diseases: by

modern dairy and milk inspection, diseases spread through milk have largely disappeared; by suitable laws, properly enforced, specific prophylactic measures have been carried out, and various communicable diseases controlled by isolation and disinfection; by provision for the education of the public, school children and adults have been taught the lessons of personal hygiene.

On the other hand, the individual, or, at most, the family, has remained the unit in health matters in rural districts. The old well is usually looked upon as a suitable source of water supply for the farmer whose father, grandfather and great-grandfather may have used it in spite of its pollution with intestinal bacteria; the open privy has been tolerated because of a lack of information regarding its dangers and for want of a proper substitute; the farmer himself has acted as his own dairy and milk inspector, with disastrous results in many instances; the country school child has remained in ignorance of many laws regarding personal hygiene and the value of specific prophylactic measures; the farm home has remained one of the poorest ventilated places in the world, because of lack of adequate heating plants to insure comfort against cold, fresh air in the winter.

How may we do away with these adverse conditions existing in rural districts? By bringing together all of these individual or family units and placing them under the control of a community health authority.

It must be admitted that several progressive States have done a large amount of good work in building up their health organizations in rural districts, but in the majority of States much remains to be done. In certain Southern and Western States, where the county is the chief political unit, the county health organization has been the agency to co-operate with State boards or departments of health in the development of rural hygiene and sanitation. In Northern and Eastern States the town or so-called local board of health has been the organization to carry on rural health work, in conjunction with the State department. Because of the great gap previously existing between the State department of health and the town board of health, States like Massachusetts, New York and Maine have

wisely provided for the dividing of their respective States into health districts, in charge of full-time district health officers, under the supervision of the State department of health. Probably the chief duty of a district health officer is to act as a connecting link between the State department and the local town board of health, and as such his work as an adviser in matters pertaining to rural hygiene cannot be overestimated.

It is agreed by most authorities that the country district has much the same public health problems to solve as the city, and that the former is entitled to, and needs as much expert sanitary supervision as the latter. The difficult thing to solve is the method by which this may be brought about.

The whole question of rural health work resolves itself into one of demand and supply. When the rural community itself demands an efficient local health organization, and is willing to pay for it, then the supply will be forthcoming. The cities have well organized health boards because the population in the cities has demanded it; but even such a demand in large cities has been based absolutely on the education of the people regarding the value of such work. Legislation not backed up by popular opinion is difficult to initiate and even more difficult to enforce. The federal government, or the State, cannot successfully force even an efficient local health organization on any rural district or small town. The demand or invitation must come from within the small unit. Therefore, the whole problem of public health administration in rural districts comes down to a question of public health education in rural districts, and the greatest function of a State department of health should be one of education rather than that of using police power.

The State Department of Health of Maine (which is chiefly a rural State) does not expect to settle the question of efficient rural health organization or administration in the immediate future; indeed, the present State officers may not live to see such a consummation of their desires. What we are trying to do is to create popular opinion and a popular demand which will eventually result in the final solution of the whole problem of rural health administration.

We are starting first with a general study of rural sociology. Before we can satisfactorily outline a plan which will meet his desires and needs we must study and know the farmer, the woodsman and the fisherman; and we must then learn the best way to approach him with our so-called "high-brow" ideas of sanitary science. All three of these classes of men are individualistic in their temperaments and habits, they have lived close to nature, and are distinctly in the "show me" class when it comes to depending on anyone else's ideas or co-operation. Community instincts are not natural to these classes of people and they must be taught the value of community hygiene as well as community recreation and other community problems. Such individuals often have been aloof from socalled social machinery. They must be trained to be social machinists. They are as a class conservative. We must teach them to be more progressive in their ideas regarding health and disease, and it will be necessary in many instances for us to break down the opposition which exists against organized community health work in rural districts.

No sociological work or ideas can be advanced without well trained, inspiring leaders. Cities have advanced rapidly in their public health organizations because they have had such leaders among their men or women. On the other hand, leadership in country districts has been absent largely because it has not been developed. Potentially such leadership is present in rural communities, and at times it is developed only to migrate to the city. More leaders must be developed in the country districts, and they must be encouraged to remain in the country for the benefit of the country. Such statements apply as much to physical leaders (sanitarians) as to moral leaders (ministers) and mental leaders (school-teachers).

In any line of human endeavor leaders are usually found among the educated men and women. To develop rural health leaders we must see to it that country boys and girls have first-hand information concerning preventive medicine and hygiene. If I were asked the question, "What one step would be of most importance in the final creation of an adequate public health organization and administration in rural districts?" I should say, the creation of a public health consciousness in rural districts through the education of country boys and girls.

I would appoint on all the agricultural school faculties throughout the United States, including that of the University of Maine, first-class experts and professors to teach the subjects of preventive medicine and public health as required courses, and to supervise extension work in these subjects. I would expect the agricultural school boy or girl who is to return to the country life to learn as much about the human body and its diseases, and the methods of public sanitation, as he or she learns about the care and breeding of hogs, the raising of corn and wheat, and the scientific fertilization of the soil. These leaders would return to their respective home communities and plant the necessary seeds which would result in a ripe harvest of public health opinion and adequate organization and administration in rural districts. Furthermore, matters pertaining to personal and public health should be taught to the rural population in general through the agency of the Extension Divisions of our universities and our State Department of Health. It is high time for less discussion in Portland, Augusta, and other cities of rural health administration, and for more discussion in "Podunk" and other country communities of rural health problems and administration.

Our State Department of Health is making plans for the eventual solution of some of the rural health problems. We are endeavoring to encourage our school and college authorities to pay more attention to the teaching of hygiene and sanitation as a general cultural study, especially for country boys and girls. Further, we as a State Department of Health are carrying on a definite educational campaign in country districts. Our work is being extended through church, school and grange organizations and we already see the beginning of a marked public health consciousness in several farming sections of the State.

The rural health problems and the questions of organization and administration are much different in Maine from what they are in such western farming States as Nebraska and North Dakota. In other words, each State has to attack the problem of rural health administration from its own individual standpoint. While North Dakota and Nebraska have simply the farming interests to deal with, Maine has three other distinct interests which must be considered in any well-conceived plan of rural health administration, namely, the summer resorts, the lumber camps, and the sea-coast communities.

The State Department of Health of Maine in 1918 passed regulations (with the hearty support and co-operation of the Maine Hotel Association) for the sanitary control of summer hotels and resorts, many of which are located in rural communities. This allows a definite control of and influence over many small communities throughout the State by the State health authorities, and should result in better health administration in these various rural communities. Our hotel inspection work has already caused favorable comment by the daily press of Maine and Massachusetts and such periodicals as the *Literary Digest*.

Much of the northern part of Maine adjacent to the Canadian boundary is made up of unorganized townships with no local boards of health. In such unorganized townships lie many of the logging camps of our great lumber industry. Here are found some of our chief problems of health organization and administration. Rules and regulations have been adopted providing for the direct health control of such communities by the State Department of Health.

It is my opinion that the best development in rural health organization and administration should be carried along the same line as for the development of rural schools, that is, the establishment of health unions analagous to our school unions, and through the co-operation of several small towns the employment of a union health officer; the State (and possibly also the federal government) should assist materially, if not equally, in financing the whole plan. Based on these ideas, permissive legislation was passed by the Legislature of 1919, and we now have two such Health Unions in Maine: (1) Old Town, Orono, Bradley, Veazie and Milford; (2) Waterville, Winslow, and Vassalboro. Each is in charge of a full-time, trained health officer and the State pays \$800 a year towards his salary.

As rapidly as possible, more State appropriation should be made available to assist financially in the establishment of additional health unions. Moreover, as soon as practical, all of the rural communities of the State should be grouped together in health unions on a compulsory basis. By such a plan the local health units would be increased in size and decreased in numbers. In Maine, for example, we would thus have about one hundred health unions instead of five hundred local health officers or boards.

For the sake of allowing each town to retain a definite control over and interest in its own health affairs, possibly the present town local boards of health might be continued, with the idea that the boards of such individual towns would join and constitute a so-called Superintending and Advisory Union Health Committee; or the Selectmen might name one person from each town in the group to constitute an Advisory Committee.

The number and identity of towns to make up each union should be governed by the State Department of Health after careful consideration of the needs of the whole State, and the Department should also have power to make any necessary readjustments of such towns in the respective unions. Cities over a certain population should be exempt from the union plan.

A union health committee should hold regular meetings for the consideration of matters relating to the health of the union and for the transaction of other business. So far as possible, the meetings of the various union committees in one State health district should be held on different days so that they would not conflict with each other; and the State district health officer should be required to attend such union meetings held in his district as an adviser and for the purpose of co-ordinating the work of the various unions in his district as well as to bring all of the unions into close contact with the State Department of Health.

The union health committee should have power to appoint a fulltime union health officer for a definite term, preferably from a list furnished by the State Department of Health of eligible persons qualified to do such work. Each union health officer should have the necessary assistants, including one or more public health nurses. He should be the executive and administrative health authority in his union.

The State Department of Health should be enabled to extend its laboratory facilities so that branch laboratories could be located in various parts of the State, each branch to care for the work of several unions.

At least once every year the various union health officers should be required to attend a public health conference or short course directed by the State Department of Health, their expenses to be paid from a fund set aside by the State for that purpose.

Summarizing the whole problem of public health administration in rural districts of Maine, I would say that the essentials are: (1) A thorough study of rural sociology in general. (2) Public health education in rural districts leading to a definite demand for, and financial support of, an adequate local health organization; such education should be carried on by (a) the State Department of Health; (b) the rural schools; (c) the agricultural colleges. The latter should give required courses in hygiene and public health under the direction of thoroughly competent sanitarians, and should educate the rural population through extension courses in order to develop rural public health leadership. (3) As soon as possible, the compulsory establishment of health unions, made up of two or more towns, for the employment of union health officers and public health nurses, who should be responsible to the State health organization. Towns or cities over a certain population which desire to employ their own full-time health officer should be exempt from the union plan. (4) The extension of all laboratory facilities of the State Department of Health so that, through branch laboratories, the rural districts might have close at hand all of the advantages of modern diagnostic and prophylactic methods. (5) Extension of State financial aid until such time as the local rural communities can assume the entire financial responsibility.

RURAL MEDICAL PRACTICE.

So far we have considered the relation of organized public health work to the development of rural life and growth from the standpoint of preventive medicine. We now come to a brief survey of curative medicine or actual medical practice as it applies to the welfare of rural communities.

In 1918 there were 1,179 physicians in the State. Based on a population of 767,638 (estimated in 1915), this would mean one doctor for about every 651 persons in the State. In 1918 there were 169 doctors in the City of Portland. Based on a population of 63,014 there was one doctor for approximately every 372 persons in Portland. This may be taken as a fair index of the fact that, as a rule, the cities have more physicians available per population than do country districts.

In some rural communities this lack of resident medical services is acute. Indeed, I have in mind some towns absolutely without the services of a physician. Moreover, people are actually moving away from some of the country towns for want of a resident physician. Any movement for the development of rural life must take these facts into consideration.

The causes of this condition are varied and numerous, the more important being (1) the development of specialization in medicine, (2) the arduous duties of a country practitioner, including long rides, exposure to the elements, and loss of sleep.

To combat this scarcity of physicians in rural districts we must encourage medical students to enter general practice and country physicians to remain in general practice. The spirit of sacrifice, unselfishness and heroism must be fostered. Adequate financial compensation must be insisted upon. There are many country doctors along the coast of Maine toiling as heroically as does Dr. Grenfell in Labrador. But we need more of them with this same unselfish devotion to humanity.

The State might well provide appropriations to enable the State Department of Health to employ what might be called physicians-at-large, who could be sent to rural districts in emergencies, and to make it possible for Bowdoin Medical School to offer free scholarships to those students who would agree to enter practice in certain designated country districts for a period of a year or more. The various counties might offer scholarships for residents who would return to rural medical practice.

The employment of trained nurses by rural communities might also help to solve the difficulty. The reassurance and first aid given by a competent nurse until a doctor from a neighboring town could arrive would mean much to an ill or injured person. Moreover, many unnecessary calls on physicians might thus be obviated.

TRAINING OF PHYSICIANS AND NURSES.

It is out of the question to expect medical graduates of Johns Hopkins or Harvard, or nurse graduates of Simmons, to be attracted in any numbers to rural practice in Maine. The conclusion is forced upon us that we must, to a large extent, train our own physicians, public health officers and public health nurses in the State of Maine.

I am not in sympathy with the ideas and expressed sentiments that Bowdoin Medical School should be closed, unless, of course, it is found absolutely impossible to maintain necessary standards. The State at present needs and can afford to support this school more than it did one hundred years ago, when it was founded as the Medical School of Maine. What is needed is not a lesser but a greater Bowdoin Medical School; it cannot stand still, it must go forward or backward, and the State should do her share in maintaining this institution whose past history is glorious and whose future possibilities are unlimited.

Bowdoin Medical School must be to Maine what the average medical departments of our State universities are to their respective States. Scholarships should be provided to induce residents of Maine to take their training here.

SCHOOL OF PUBLIC HEALTH.

It is my belief that a greater Bowdoin Medical College should include a school for public health officers and public health nurses. This would serve not only to meet the constantly increasing demand for such officials, but in thus training men and women for public service, as well as for the private practice of medicine, the school would have a greater appeal to the people of Maine, and would more certainly warrant the financial assistance of the State.

A further suggestion of mine, which might be worthy of careful

consideration, but which I offer with some hesitation, is as follows: The State Department of Health needs a new and larger building for its increasing work and personnel. It is not absolutely necessary that the Department be located in Augusta. It might be located in Portland, housed in a building adequate for its needs and the needs also of a modern School of Public Health. In other words, Bowdoin Medical College, and the State (through its Department of Health), and the City of Portland (through its City Board of Health), might co-operate in maintaining a creditable School of Public Health and Departments of Health in the same building. There would be certain manifest advantages in such an arrangement. The State Department would serve as a practical demonstration of State public health administration for the students of the school and the City Board would serve as a practical demonstration of city health work, and the school would stimulate a constantly increasing efficiency and scientific atmosphere in the Departments. This would be a unique combination in the field of public health education in the United States.

There are certain advantages which accrue from having a State Department of Health located in the capital city of a State. These advantages would have to be weighed carefully against the advantages of the above mentioned arrangement. In the State of Vermont the State Department of Health operates efficiently, although not located in the capital city, but in the largest city, Burlington. In Kentucky, the State Board of Health is located in Louisville, not the capital city. If the Department of Health were to be located in Portland, with a school for public health officials and nurses, the disadvantage of a less central location could be obviated by the establishment of small branch laboratories associated with the departments of bacteriology and chemistry at the University of Maine, in Orono, Colby College, at Waterville, and Bates College, at Lewiston, or in connection with some of our general hospitals.

Non-Governmental Health Agencies.

Maine is indeed fortunate in having, in addition to the State Department of Health, a splendidly organized Public Health Association, into which are gathered practically all of the non-official health agencies of the State. The future of public health work in Maine will be bright and results will be certain, if the governmental and non-governmental health agencies continue in their present spirit of co-operation and mutual helpfulness.

JOURNAL OF MAINE MEDICAL ASSOCIATION

Editorial Staff.

DR. F. C. Tyson, Augusta.

DR. A. S. THAYER, Portland.

DR. JAMES A. SPALDING, Portland. DR. BERTRAM L. BRYANT, Bangor. DR. C. J. HEDIN, Bangor.

DR. L. D. BRISTOL, Augusta. DR. T. E. HARDY, Waterville,

DR. FRANK Y. GILBERT, MANAGING EDITOR, 148 Park St., Portland.

County Editors.

DR. S. E. SAWYER, Lewiston. DR. F. E. BENNETT, Presque Isle. DR. HAROLD J. EVERETT, Portland.

DR. G. L. PRATT, Farmington. DR. A. L. JONES, Old Orchard. DR. S. J. BEACH, Augusta.

DR. D. M. STEWART, South Paris. DR. H. D. McNeil, Bangor. DR. C. C. HALL, Foxcroft. DR. R. C. HANNIGEN, Bath. DR. H. W. SMITH, Norridgewock. DR. G. A. NEAL, Southwest Harbor.

DR. F. H. WEBSTER, Rockland.

Editorial Comment.

THE PHYSICIAN AND THE CRIME WAVE.

During the war it is said that a recruit was referred to one of our Medical Advisory Boards to settle the question of his mentality. It is further stated that no member of the Board knew how to find out whether the applicant was really feeble-minded or not, and that they called in a business man engaged in hiring stenographers for a soulless corporation. The business man applied the ordinary mental tests and reported that the individual in question passed the thirteen-year-old standard. On the strength of this the Board rejected him.

Without commenting on the involved question of age standards for military service, this episode, if true, shows a woeful ignorance on the part of one group of physicians, selected presumably because of attributes above the average. Why should not a physician who claims to know how to diagnose diseases not know the simple, every-day tests for mental soundness, such as are practiced by all large employers of labor.

Psychiatrists have been hammering at us for years to make the effort to understand the rudiments of their specialty. Now the criminologists are telling us that 60 per cent. of criminals are defective and 28 per cent. feeble-minded. How many potential criminals

are passed by otherwise conscientious physicians in their daily practice? Epidemic diseases are reportable. By the reasonably accurate reports in our better organized centers statistics are obtained sufficiently reliable to serve as a basis for very satisfactory preventive medicine. With regard to feeble-mindedness, only the flagrant cases bordering on idiocy are ever recognized. The most dangerous criminals are the high class morons with wits nimble enough to make clever and pernicious plans for injuring society. Out of over three hundred homicides in one year in New York City it is said that only seventy-eight came to trial. Of these all but one escaped conviction. Such clever crimes are not the work of the drooling idiot. Until our physicians can diagnose the higher grades of feeble-mindedness and report them like other plagues there is no reason to anticipate a diminution in crime.

THE ANNUAL MEETING.

The program for the June meeting was published last month and again in this issue. The number of general practitioners from our own State who are to speak gives it a flavor like the programs of a decade ago. It certainly escapes the widespread complaint of our recent meetings as being too "high-brow" and of no value to the every-day doctor, which has had much to do with the indifference of many physicians to the Maine Medical Association.

Some Bromide has remarked that one practical idea from a real doctor in the hills is worth a volume by a full-time man in a hospital. Without admitting this, one cannot deny that a lot of good practice is worked out right here on our own soil that deserves the widest publicity. It is a little short of criminal to allow the answers to our most pressing problems to be worked out by each man for himself, when they can so easily be handed along.

A malpractice policy for all members is already appreciated as making the society useful to those men whose requirements do not include expensive insurance. If the symposium on every-day problems for the annual meeting appeals as strongly to the men for whose service it has been planned we can feel well pleased with this year's progress. On the other hand, if the country doctors want to share in the program they must come to the meetings. It is inevitable that the programs will be arranged for those who come and not for those who stay away.

The more technical papers include some of the world's best known authorities. Most notable is the oration on "Radium," which will be given by Dr. Robert Abbe.

THE CANCER PROBLEM.

A consideration of the cancer problem as a whole presents a broad subject with many phases of importance. The JOURNAL has already called attention to the great importance of the educational campaign and has outlined the program of the Maine Public Health Association. The attention of the medical men of the State has also been called to the great importance of the early recognition of precancerous lesions, and the necessity of insisting on the early removal or proper treatment of these lesions has been emphasised. This naturally brings us to the consideration of the importance and value of the pathological examination of all tissue removed at operation.

It is now a firm conviction among progressive surgeons that pratically every bit of clinically pathological tissue should at once be submitted to the pathologist for microscopic examination. This includes even the tissue about which there is very little doubt as to the diagnosis. The obvious reason for such apparently excessive care is the well-known fact that clinical diagnoses are not infallible and that individual opinion and personal equation often play a too prominent part in making diagnoses. If, on the one hand, every surgeon consistently submits every bit of pathological tissue to the final word of the microscope, many suspected malignant lesions will be proven benign and the patient saved from the dangers of a possible major operative procedure, and his mental outlook or his future life thus neccessarily brightened, while, on the other hand, many seemingly innocent lesions will be found potentially, if not actually, malignant and an operative cure secured by the employment of the early radical surgical procedure.

Too great emphasis cannot be placed upon this all-important phase of the problem and duty to our patients. If we carelessly discard the specimen at operation, depending wholly on our often erring clinical diagnosis, and fail to submit it to the final test of the pathological examination, we are as surely failing in our duty to our patients and doing an irreparable harm as if we neglected to recognize the possibility of any pathology at all. We owe this detail of our treatment to our individual patient on the one hand, and to the cause of the large problem of cancer control on the other. Efforts to reduce the incidence of cancer and to steadily improve our morbidity and mortality statistics can be greatly furthered by strict adherence to this simple rule of submitting every specimen of tissue removed at operation to the pathologist.

Most praiseworthy work is being done at the present time by the State Department of Health office in the free diagnosis of pathological material. The medical profession of Maine can show their appreciation of this work in no better way than by increasing the percentage of specimans submitted, and also by so doing can raise the standard of medical practice in a corresponding manner.

E. H. RISLEY, M. D.

Necrology.

FREDERIC HENRY GERRISH.

Portland, 1845-1920.

As a former President of the Maine Medical Association, a skill-ful surgeon, a famous teacher of surgery, materia medica and ethics, a leading member of our Association for many years, a writer of medical papers of great originality of thought, a leader in the movement which finally terminated in the Public Health Service of to-day, and an author and compiler of a standard work on anatomy, Dr. Gerrish deserves mention in the JOURNAL of the Association which he so long adorned.

Having already given to his memory and to his medical labors a very large space by invitation, in the pages of the *Boston Medical and Surgical Journal* for November 16, 1920. I may be pardoned if, in this JOURNAL, I abbreviate my former eulogy.

Dr. Gerrish, the son of Oliver and Sarah Little Gerrish, was born in Portland, March 21, 1845, and he died in his native city, Wednesday, September 8, 1920. He was well educated in the public schools of Portland, graduated high in the class of 1866 at Bowdoin, and was graduated with honor at the Bowdoin Medical School in 1869, presenting a thesis on the Cæsarean section, a paper of great surgical promise. He was immediately offered a lectureship on therapeutics and materia medica in the Portland School for Medical Instruction and in the Medical School of the University of Michigan. The latter chair he occupied for three years, and then resigned, being called to a similar chair at Bowdoin. This he filled for a few years, was then promoted to the chair of anatomy, from that advanced into the professorship of surgery, and finally retired into the chair of medical ethics at the close of a connection with the Medical School of some forty years. As a teacher he was a success, as an anatomist a wonder, and as a lecturer on surgery and a practical surgeon a man fitted for the place and the work connected therewith.

Simultaneously with all these labors he was associated with the Maine General Hospital from its proposed foundation as secretary,

then as pathologist, next on the surgical staff, then on the consulting staff, and finally as director. For forty years, alongside with his labors for the Medical School he labored faithfully, and according to the best of his ability and views, for the Maine General Hospital.

During all these years, additionally, he was a leading member of the Maine Medical Association, presenting before it year after year a series of papers containing absolutely original views on many topics, which ultimately were accepted by physicians generally, and many of them by the public as essential to a well established State. It would be difficult to mention any one paper which was better or more original than another, but mention may be made of delightful papers on the "Medical Dictionary", on "Latin For Medical Students", "Prescription Writing", and many on surgical operations, distinguished for clarity of thought and elegance of diction. As a reward for his labors he was chosen President, and served in that position with honor before the Association.

Dr. Gerrish favored the ideas of Lister from their original appearance in print, pushed them to the front at the Maine General, and astonished his colleagues with startling results in breast amputations and varicose veins, so that there was never a doubt of Listerism being made by Dr. Gerrish's brilliant proofs a sine qua non for the Maine General, and all other hospitals. Based, then, on his experiences with Listerism, he translated and published with much success the famous monograph of Dr. Lucas Championniere on Listerism, which he translated into vigorous English to the utmost satisfaction of that French authority.

In addition to this, he edited and largely wrote with his own pen "A System of American Anatomy", which still remains a favorite with students, at home and abroad. His drawing within that work, especially those of the muscles and lymphatics, were delightfully original and highly admired.

Dr. Gerrish belonged to many medical societies, and upon the evidence of his numerous papers and active discussions at the meetings he was made President of the American Academy of Medicine, the American Surgical Society, and the American Therapeutical Society, proof enough of the high esteem in which he was held.

In connection with the Clinical Club of Portland, he wrote largely on psychoanalysis and psycotherapy. He was opposed by members who believed that the practice of medicine was for the exhibition of medicines only, but he argued that anything contributing to health was a genuine part of medical practice.

In the Fraternity Club of Portland his papers were in the direction of influencing the lay members into a knowledge of advances in public health and public morality.

J. A. S.

Book Reviews.

Practical Tuberculosis.

By Herbert F. Gammons, M. D., one time at Rutland, Mass., and Meriden, Conn.; later Superintendent of Sanatoria in Minnesota and Texas.

The excuse for another book on tuberculosis is that the general practitioner does not need discussion of theories but a summary of the latest findings. The author knows his subject and makes many pertinent comments.

"Ninety per cent. of cough in tuberculosis is unnecessary. Teaching will control a large amount." "The stimulating effects of tuberculosis patients resulting from association of sexes is very marked. . . . Sanatorium patients have too much time to think, and if they associate too closely affections predominate over common sense. . . . Instead of taking rest . . . they are apparently losing all the judgment they once possessed." "A patient must have self-control and determination to get well. Getting over tuberculosis is a man's game." "Medicines, serums and vaccines have killed more patients than they have cured." Yet, like all of us, influenced by detached pleasing experiences, recommends favorites, iron hypodermically as a tonic, and epsom salts in hemorrhage.

Under prevention, the author recommends "Elimination of handles on doors and of the social practice of shaking hands." In Dr. Gammons' Utopia hand-washing will appear needless. The fly is again indicted, but, so far as tuberculosis is concerned, the case is still in court.

Dr. Gammons says that there is less cough in the Southwest and that the mental attitude of patients is "less excitable" than in northern climates. His opinion is made valuable by his experience, yet there are those who, even with the wealth demanded in these resorts, agree with the patient reporting while I am writing this review, "I had rather be dead in Maine than alive in Arizona."

C. B. Sylvester.

County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The regular meeting of the Androscoggin County Medical Society was held in the Mnnicipal Court Room, City Building, Lewiston, March 1st. The meeting was called to order by the President, Dr. Andrews. The records of the previous meeting were read and approved.

Motion was made that Dr. John Sturgis cast one vote to accept as members of the Association, Dr. Renwick, Dr. Smith, Dr. Leathers and Dr. Rand. They were accepted unanimously.

Dr. Coombs gave a very interesting illustrated lecture on "The Treatment of Venereal Diseases."

Those present were: Dr. Andrews, Dr. Goodrich, Dr. Goodwin, Dr. Haskell, Dr. Buker, Dr. Plummer, Dr. Miller, Dr. Fitzmaurice, Dr. Sawyer, Dr. Barrell, Dr. Call, Dr. Russell, Dr. Chaffers, Dr. Cunningham, Dr. J. Sturgis, Dr. Clark, Dr. Bolster, Dr. Girouard, Dr. Dupras, Dr. H. Garcelon, Dr. Marston, Dr. Desaulniers, Dr. Scannell and Dr. Dumont.

Voted to adjourn.

L. J. DUMONT, M. D., Secretary.

CUMBERLAND.

CUMBERLAND COUNTY MEDICAL SOCIETY.

The fifty-sixth stated meeting of the Cumberland County Medical Society was held at the Falmouth Hotel, Feb. 10th, at 8.15 P. M. The meeting was called to order by Dr. N. M. Marshall, President. There were present one hundred and twenty-five members and many guests.

The minutes of the previous meeting were read and approved.

The Board of Censors reported favorably on the following names: Dr. C. A. Baker, Dr. Chas. S. Knight, Dr. E. M. Northcott, Dr. C.

M. Stanley, Dr. Z. R. White, Dr. George J. Roy, Dr. J. R. Woolf, Dr. E. E. Barker, Dr. Nathan D. Hyde, Dr. Irving E. Mabry, Dr. W. H. Shanahan, Dr. Pierce E. Somers, Dr. H. W. Small, Dr. C. H. Ridlon, Dr. Chas. F. Haynes, Dr. L. B. Marshall, Dr. Frank G. Devereux, Dr. Daniel M. Mannix, Dr. George F. Bates, Dr. Leon L. Hale, Dr. Howard Hamblen, Dr. J. Elizabeth Hoyt-Stevens. It was then voted that the Secretary cast a ballot for their election to this Society.

The following applications for membership were received and referred to the Board of Censors: Dr. John I. Sturgis and Dr. H. Lambert.

The committee appointed at the annual meeting to audit the Treasurer's report announced that the accounts were correct. It was voted to accept the report of the committee and to place on file the Treasurer's report.

Dr. C. W. Foster, as chairman of a committee to consider Dr. Welch's recommendations in his annual address, reported on each of the six recommendations. The report of this committee was accepted and ordered to be placed on file.

Upon motion of Dr. J. F. Thompson, duly seconded, it was voted that the section of the committee's report which recommends certain changes in the constitution take the regular course which is specified in the constitution.

- Dr. C. W. Foster called attention to Section 6 of the committee's report and moved that the necessary expenses of the Secretary be paid when he is on official business of the Society, and that the expenses of \$15.00, already incurred by the Secretary, be paid. This motion was duly seconded and passed.
- Dr. J. A. Spalding made a few remarks about the members who so generously responded to the country's call. Their modesty in not completely filling out the cards which were sent was disappointing to him, as he hoped to obtain a complete record of each. In time he would endeavor to obtain the missing data and publish it in the JOURNAL. He hoped a similar course would be taken by the other counties, for the services rendered by the physicians of Maine

should be recorded in the annals of the history of this great State. All enjoyed his remarks and a generous applause was given him.

President Marshall now introduced Dr. E. P. Joslin, of Boston, who gave a most interesting and scientific talk on the treatment of diabetes. He explained that the principal method of treating diabetes was by diet, the foundation of this being laid by Dr. Allen in 1916, and that since this time there was a decrease in the total number of cases and an increase in the life of both the adult and child. He further stated that complications were greatly reduced provided a proper diet was maintained. Many illustrated cases were given and cards were distributed, that the members might better understand the various phases of the diet method.

Many members took part in the discussion which followed, after which a rising vote of thanks was given to Dr. Joslin.

Voted to adjourn. Adjourned.

E. E. HOLT, JR.,

Secretary and Treasurer.

ATTENTION!—Dr. Robert T. Morris, Professor of Surgery, New York Post-Graduate Medical School and Hospital, will discuss points in relation to gallstones at the next meeting of the Cumberland County Medical Society, which is to be held at the Falmouth Hotel, Portland, Maine, on April 9th. Dinner at 6.30. Tickets, \$1.00. All members of the Maine Medical Association are cordially invited.

E. E. HOLT, JR., Secretary.

NEW AND NON-OFFICIAL REMEDIES.

During February the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-Official Remedies:

Armour & Co.:

Corpus Luteum Tablets, 5 grains.

David B. Levy:

Dubois Iodoleiue, Injectable, ampoules, 2 cc.

E. R. Squibb & Sons:

Fat-Free Tincture Digitalis.

USEFUL IN NERVOUS DISORDERS 44 Horlick's 77

The Original Malted Milk

- Served hot, as a sedative in insomnia.
- 2. As a vehicle for the administration of hypnotics.
- 3. In the dietetic treatment of neurasthenia.
- 4. For drug addicts, during the state of withdrawal.
- In the digestive and nervous weakness of invalids, convalescents and the aged.

Avoid Imitations

For printed matter and samples address

HORLICK'S

Racine, Wis.

Every Physician

In general practice should have a BURDICK ELECTRIC LIGHT AP-PLICATOR for local and general applications. It will produce

DEEP EFFECTIVE HYPERAEMIA INCREASED LEUCOCYTOSIS INCREASED VITAL RESISTANCE

Useful for the relief of inflammation and congestion, to promote quick healing of wounds, relieve pain, etc.

Write for descriptive literature.

Clapp Anderson Co.

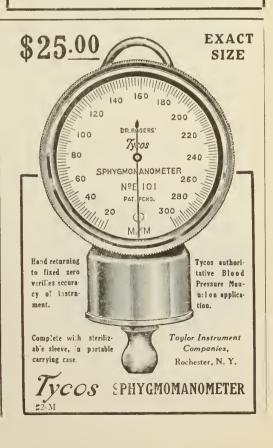
Specialists in high quality X-Ray and Electro-Medical Apparatus

120 Boylston St.

Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me. Maine Representative



9,00 A. M. Invocation.

Notes.

PROGRAM FOR THE JUNE MEETING OF THE MAINE MEDICAL ASSOCIATION AT BANGOR.

Tuesday, June 28th, 1921.

9.15	Address of Welcome.
9.30	Dr. Henry E. Marston, No. Anson — "How to Meet
	Some Daily Problems of the General Practitioner."
9.50	Dr. Delbert M. Stewart, South Paris — "The General
	Practitioner as a Citizen."
10.10	Dr. Adin L. Smith, Machias — "The Doctor and Pre-
	ventative Medicine."
10.30	Dr. Fred W. Mann, Houlton — "Obstetrics from the
	Standpoint of the General Practitioner."
10.50	Discussion.
11.30	Paper on Medical Organization.
2.00 P. M.	President's Address — Dr. T. E. Hardy, Waterville.
	Dr. Luther G. Paul, Boston—Surgical paper.
	Dr. John Lovett Morse, Boston — "Nephritis in Child-
	hood."
	Wednesday, June 29th, 1921.
9.00 A. M.	Dr. Carl G. Dennett, Saco—"Focal Infections."
9.20	Dr. Frank H. Jackson, Houlton — "Intestinal Obstruc-
	tion."
9.40	Dr. Edward H. Risley, Waterville—"The Value of the
	Two-Stage Operation in Surgery."
10.00	Dr. Allen Woodcock, Bangor — "After Treatment of
	Poliomyelitis."
10.20	D D' 1 1 D C 11 D 11 1 "C C 1" "
_00.00	Dr. Richard D. Small, Portland — "Cæsarean Section."
11.00	Discussion.
11.00	

By Surgical Dressings

Better Than You Expect

We have studied 27 years, under surgical advisers, to excel in all B&B products.

B&B Cotton and Gauzes come to you utterly sterile. They are sterilized in the making, then sterilized again after packing.

Incubator tests of center fibers prove the packages sterile to the core.

B&B Adhesive is a rare achievement. Three B&B experts have each spent more than 20 years to perfect this product for you.

B&B Handy-Fold Plain Gauze comes in pads, each in a parchmine envelope, sterilized after sealing.

B&B Handy-Package Cotton can be used without removing the roll.

B&B Plaster Paris Bandages carry extra plaster for finishing. They are wrapped in water permeable paper.

B&B Formaldehyde Fumigators conform to U.S. Public Health Service standards.

Each is a model

Each B&B product is a model creation. Every detail indicates skill, care and efficiency. You will find in each one some unique perfections, to increase your respect for this brand.

They are made in model laboratories. They are made by masters. The highest ideals underlie them.

Investigate them. See what 27 years have accomplished under these B&B standards.

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surgical Dressings and Allied Products



Ideal Adhesive

One of the finest examples of B&B attainments.



B&B Formaldehyde Fumigators

Accord in strength with U. S. Public Health Service standards.



Phenol Coefficient-51.98

The only type of cake soap which can properly be called germicidal.

Boralol

EFFECTIVE ANTISEPTIC NON-ALCOHOLIC NON-TOXIC COOLING **ECONOMICAL**

TO BE DISSOLVED IN WATER

Γ is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best

results are obtained by dissolving in hot water.

Ask For Sample -COOK, EVERETT & PENNELL, Portland, Maine.

INTESTINAL DISTURBANCES

Caused by BACTERIAL INFECTIONS OR BILIARY INSUFFICIENCY

> Have Been Successfully Treated With Either

BULGARA TABLETS, H. W. & D. (BACILLI BULGARICI)

GLYCOTAURO TABLETS, H. W. & D. (STANDARDIZED OX-BILE)

As May Be Indicated

Samples and information upon request

HYNSON, WESTCOTT & DUNNING BALTIMORE

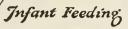
LANGTON

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

A. L. Langton

Manufacturing Optician 419 Boylston St. Boston, Mass.





Diet Materials

Mead's DEXTRI-MALTOSE

Individual infant feeding requires attention — to food salts—to carbohydrates—to proteids—to fats.

Dextri-Maltose is Malt Sugar (Dextrins and Maltose) supplied to the physician in packages that contain different food salts to suit different feeding conditions.

Cow's milk modified with the proper form of "D-M" and water gives gratifying results in most cases of bottle feeding.

Interesting literature on request.

	No. 1 DEXTRINS and MALTOSE with Sodium Chloride For the average baby.	No. 2 DEXTRINS Find MALTOSE Plain Unsalted For the average baby. Any salt can be added.	No. 3 DEXTRINS and MALITUSE with Potassium Carosnate For the Constipated Baby.	MANA MANAGERAL AND
--	--	---	--	--

Visites to the Doctors

Visites to the Doctors

Weighed and where an individual formula
is prescribed is far more satisfactory than to
have the mother follow printed instructions on
a label- that is why directions are left off the

DM package.

MEAD JOHNSON & COMPANY EVANSVILLE INDIANA,USA.

Oculists Prescription Work

THE SMITH-SOMES CO.

OPTICIANS

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Harlford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess

Finest Meterials ABB RAM Dr.W.C.Abbott Pres. Dr A.S.Burdick V.P.	RECEIVERS NO. CHECK TIME FILLED
TELEGRAPH ORDERS ARE FILLED AND SHIPPED WITHIN AN HOUR OF RECEIPT MARCH let	19 21
Toall doctors Street & No practicing medicine in the	RUSH
Placeu. s. AND CANADA	
HAVE YOU TRIED BENZYL BENZOATE, ABBOTT? IT IS A WINGER. CHLO	RAZENE, BARBITAL
AND CINCHOPHEN, ABBOTT, ARE GOING WELL. ACRIFLAVINE, ABBOTT	. IS A
SUCCESS. ORDER SEASONAL SUPPLIES NOW THROUGH YOUR DRUGGIST	OK DIRECT.
THE NEW ABBOTT PRICE LIST IS READY. SEND FOR IT.	
Branches Sender The Ab	bott Laboratories ept. 38 Chicago, 111.



HEADQUARTERS

Our facilities make us headquarters for the Endocrine Gland and Organotherapeutic products

Pituitary Liquid ½ c. c. and I c. c. ampoules, 6 in box.

powder Pituitary and tablets. An-Pituitary Powder and Tabs. Posterior Pituitary Powder and Tabs.

Corpus Luteum (true) powder and 2 and 5 grain Tabs, and 2 and 5 grain capsules.

Pepsin, U. S. P. scale, granular and powder.

Pancreatin, U.S.P. Powder.

E LIXER OF ENZYMES is a palatable preparation of the proteo-lytic and curdling ferments that act in acid medium. It is recommended as an aid to digestion and as a gastric tonic

Elixir of Enzymes is of special service in correcting faulty proteid metabolism which is one of the principal causes of autointoxication.

Elixir of Enzymes is an excellent adjuvant and vehicle for exhibiting iodids, bromids, salicylates and other drugs that disturb the digestive functions. One dram of Elixir Enzymes will carry 46 grains of potassium iodid, or 45 grains of sodium salicylate, or 17 grains of potassium bromid.

Elixir of Enzymes contains the curdling ferment and may be used for making junket or curds and whey. Add one teaspoonful of the Elixir to half pint of lukewarm milk, stir thoroughly and let stand

For minimizing the organic disturbances and eliminating the corrosive effect of potassium iodid on the mucous membrane of the stomach as well as disguising the taste, the following combination is recommended:

Potassium Iodid, 2 ounces.

Distilled water, enough to make two fluid ounces.
To exhibit, for instance, 20 grains of potassium iodid three times daily, use one teaspoonful of Elixir of Enzymes, one teaspoonful of the above solution to half pint of lukewarm milk; stir thoroughly and let stand until cool. Take one-third of this quantity as a dose. This junket should be made up fresh every morning.

> ARMOUR COMPANY **CHICAGO**

THE JOURNAL

OF



THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

VOL. XI. No. 9.

APRIL, 1921.

\$2.00 per year

Holadin and Bile Salts

Holadin - $-2\frac{1}{2}$ grs. Bile Salts - $\frac{1}{2}$ gr. (enteric capsules)

- "Investigations begun originally by Professor Nencki in his "Berne laboratory and carried on by Heidehain. Rachford, "Williams and Martin, have shown that the bile has a fa"vouring action on the ferments of the pancreatic juice."
- "The bile, indeed, proved itself to be a constant and power"ful auxiliary of the pancreatic juice, a fluid which is of such
 "importance for digestion and in itself already so com"plicated."

-Prof. J. P. Pawlow.

"Holadin and Bile Salts," a combination of the most potent pancreas extract with the isolated glycocholate and taurocholate of sodium, in their native association—is a therapeutic resource of distinct service in pancreatic (intestinal) disorders dependent upon, or associated with, deficient bile action.

Fairchild Bros. & Foster

OFFICERS.

President—T. E. Hardy, Waterville, 2nd Vice-Pres.—James McFadyen, Milo. 1st Vice-Pres.—G. R. Campbell, Augusta, Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District, Second District,	J. F. Thompson, Portland, E. V. Call, Lewiston,	Term	expire	s 1921.
Third District,	W. E. Kershner, Bath,	4.4	6.6	1923.
Fourth District,	F. H. Badger, Winthrop,	£ 6	6.6	4.4
Fifth District,	Lewis Hodgkins, Ellsworth,	6.6	4.4	1922.
Sixth District,	C. H. Burgess, Bangor,	4.6	4.6	6.6

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	S. L. Andrews, Lewiston,	L. J. Dumont, Lewiston.
Aroostook,	P. E. Gilbert, Ashland,	F. E. Bennett, Presque Isle.
Cumberland,	N. M. Marshall, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Hancock,	A. H. Parcher, Ellsworth,	Geo. A. Neal, Southwest Harbor.
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	J. G. Hutchins, Camden,	H. W. Frohock, Rockland.
Oxford,	O. S. Pettingill, Hebron	W. T. Rowe, Rumford.
Penobscot,	Jarvis B. Woods, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxeroft.
		C. N. Stanhope, Dover, Acting.
Sagadahoc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	H. W. Smith, Norridgewock,	C. E. Richardson, Skowliegan.
Waldo,	Elmer Small, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

	Miscellaneous—	
273	Necrology	289
284		20
	County News and Notes	29.
	Correspondence	29:
286	Notes	299
287	Notes	470
288	New and Non-Official Remedies	300
	273 284 286 287 288	County News and Notes Correspondence Notes

LIP-READING

MULLER-WALLE METHOD

For the Hard-of-Hearing and Deaf Adult Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS

MISS MARGARET J. WORCESTER

Montreal Canada

65 Thomas Street Portland, Maine

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS—Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address: 608 Congress Street For Particulars and Rates write to FRANCIS J. WELCH, M.D.

EAST PARSONSFIELD, MAINE



Dr. Leighton's Hospital

PORTLAND, MAINE

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Telephones { 1318 | 1406

Portland, Maine

ANNOUNCEMENT.

Arthur L. Robinson announces that he has retired as Associate Legal Member of the Industrial Accident Commission of Maine, and has returned to the general practice of the law, associated with Clement F. Robinson, at 85 Exchange Street, Portland, Maine. Compensation, casualty and insurance matters.

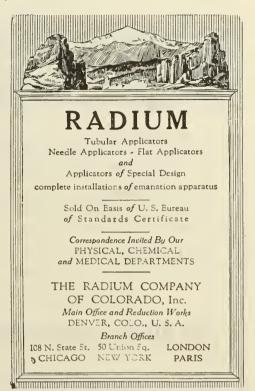
March 21, 1921.



DEPENDABILITY—

As applied to our Laboratory, dependabilty means

- Absolute accuracy in the analysis of all specimens.
- Promptness in the forwarding of reports.
- —Fees that are reasonable, yet consistent with careful work.



ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.

CALCREOSE IS A MIXTURE CONTAINING IN LOOSE CHEMICAL COMBINATION APPROXIMATELY EQUAL PARTS OF CREOSOTE AND LIME.

CALCREOSE HAS ALL OF THE PHARMACOLOGIC AC-TIVITY OF CREOSOTE, BUT IS FREE FROM UNTOWARD EFFECTS ON THE GASTRO-INTESTINAL TRACT.

CALCREOSE MAY BE TAKEN IN COMPARATIVELY LARGE DOSES-IN TABLET FORM OR IN SOLUTION.

LITERATURE AND SAMPLES ON REQUEST.

THE MALTBIE CHEMICAL COMPANY Newark, New Jersey

The STORM ABDOMINAL SUPPORTER

Adapted to Use of Men, Women and Children and Babies FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREG-NANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.





Special Kidney Belt

Washable as Underwear

Inguinal Hernia Modification

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA



Winning the Patient's Confidence

FEW patients have any real knowledge of medicine or surgery. Yet they form their own opinion of a practitioner's ability. How? By his manner, his skill, above all by the character of his office and its equipment.

The greater the physician's obvious technical resources, the greater must be the confidence that his patients have in him.

A modern office equipment convinces the patient that modern methods in diagnosing and treating disease are employed. It is not only a technical aid in practice. It inspires confidence.

No single piece of apparatus is of such general utility as a good X-ray equipment; and none that testifies more eloquently to the physician's resourcefulness. All practitoners recognize the diagnostic and therapeutic importance of the X-ray. Because he thinks that the taking of a radiograph requires special engineering knowledge, many a physician hesitates to install an X-ray equipment and thereby fails to satisfy his professional desire for thoroughness. The truth is that the actual manipulation of the X-ray apparatus is as easily learned as that of the mechanical and electrical appliances with which most practitioners are familiar.

The Victor X-Ray Corporation places its facilities and its long experience at the disposal of all practitioners. It will gladly send a technically informed representative to a physician who appreciates at its full worth the aid that the X-ray can lend him in his practice, but who wants engineering guidance. No obligation is incurred.

The physician who installs a Victor machine is entitled to receive Victor Service. This means that if his apparatus needs attention he does not have to communicate with the factory. The nearest Victor Service Station sends an expert, a man able to locate the source of trouble in a few moments. Victor Service is so organized that Victor apparatus need not be idle for many hours or days.

It is the purpose of Victor Service not only to help the physician in such emergencies, but also to give him mechanical and electrical guidance if he asks it, so that he may know how to secure the best results with his apparatus.

As part of this Service policy the Victor X-Ray Corporation publishes a periodical called "Service Suggestions" in which X-ray progress is recorded primarily for the benefit of Victor clients. Others may find "Service Suggestions" of value. It will be sent to them on request.

Victor X-Ray Corporation

General Offices and Factory

Jackson Blvd. at Robey St.

Chicago

Territorial Sales Distributors

Boston, Mass.: F. H. Saxby & Weston Oyler, 711 Boylston St.



A Standby

TWENTY years ago Parke, Davis & Co. introduced to the medical profession the active principle of the suprarenal gland—Adrenalin.

Little was known at that time concerning its physiologic action and therapeutic application. Today, after years of laboratory research and clinical experimentation, Adrenalin holds a foremost place among the standbys of the materia medica.

For the relief of the paroxysm of asthma, for the control of hemorrhage, and in the treatment of shock and collapse, Adrenalin is the first thought of the therapeutist. In organotherapy it has certain special indications, and as a synergist to local anesthetics it has done much toward bringing local anesthesia technic to its present high degree of perfection.

Parke, Davis & Company DETROIT

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

APRIL, 1921.

No. 9

*A CONSIDERATION OF ORAL INFECTION—THE PROB-LEM AS IT STANDS TODAY.

By HAROLD D. SMITH, D. D. S., Portland, Me.

Mr. President and Members of the Maine Medical Association:

A prominent man in the medical profession has recently said that the future of medicine, as far as prophylaxis is concerned, depends upon the care of the mouth and teeth. Until a few years ago the dentist regarded himself as more or less apart from the medical profession and devoted himself to the restoration of tooth structure, either completely or by repair. This latter, perhaps, did not apply to those broadminded investigators to whom this new phase of dental and systematic relationship is an old study. This investigation and the X-ray machine has brought to light the fact that pathological conditions in the mouth may be the causes of diseases of the general system remote from the focal lesion. The fact that dentistry is in reality a specialty of medicine, and that the health of the patient may depend upon the health of the oral cavity, has led us into more careful study of the proper relationship. It is correct to say that the dental profession has long been preaching "clean, normal teeth will not decay," and it is also correct to

^{*}Read before Maine Medical Association.

say that the medical profession have not held as closely to that text as they should in their prophylactic work. We have hopes that the present dental course in the colleges will, with the extra time devoted to the study of the basic principles of dentistry, give the new men in the profession a much greater knowledge of medicine than they have had in the past, so that they will truly be able to call themselves specialists in medicine. Dentistry has been somewhat handicapped in the past by the quack who has been associated with teeth solely to gain a large remuneration. In these serious times it is "up to the medical man" to use his good sense in his consultations with dentists. The average medical man is well informed and in the case of a consultation should be associated with an ethical dentist.

Systemic disturbances caused by pathological conditions about the teeth are produced principally by the following:—

- 1. During the eruption of teeth.
- 2. By impacted teeth.
- 3. By abscessed teeth, either the acute or chronic, or so-called blind.
 - 4. By any inflammatory condition of the tooth socket or gingivæ.
- 5. By a septic or necrotic condition of the bone or a sinus or canal in the bone.
- 6. By the accumulation of decay of the teeth, causing a direct contamination of the bolus of food passing into the stomach.

First, speaking of the eruption of teeth and that quite common adjunct of eruption, the impaction of teeth, we are speaking of a subject that the physician is rather familiar with. It is a well-known fact that during the first dentition the vitality of the child is so concerned with the teeth that the system is very liable to disease during that process. The condition is the inverse of that during pregnancy, when the vitality of bone about the mouth is so lowered that a slightly diseased area may get the best of the normal blood resistance. Dentition of the milk teeth becomes a pathological process most often when the teeth are retarded in their eruption, this being caused by a back pressure of the gingivæ which the tooth or teeth are able to cut through with considerable difficulty. It is the pulp of the tooth, a nervous organ, which is stimulated, causing a good deal of pain besides a reflex action. In the majority of instances a lancing operation will be of great assistance to the little patient. The local condition and the knowledge of the area upon the gum which is liable to the difficulty will be of assistance as to the spot

of incision. When we come to think that there are fifty-two teeth to be erupted in both the temporary and permanent dentitions, it is of little wonder that even a more or less physiological process will cause a severe strain upon the system.

Unless there is very abnormal general or local condition, the milk teeth do not become impacted, in other words, permanently held back from a normal eruption. On the contrary, the impaction of a permanent tooth is a very common occurrence. It is a more common thing in these days, when children have their six-year molars filled and preserved, thereby using the normal space which, if empty, would allow the wisdom or some other tooth an extra amount of room. The sixyear molar is often regarded by mothers as a temporary tooth, because it is the first tooth to erupt in the permanent set, because it erupts posterior to the milk teeth, and because it does not, of course, displace a temporary tooth. The loss of the six-year molar through decay is quite often a serious one, because its loss is frequently the cause of a serious malocclusion of the teeth. The loss of the wisdom tooth—although an impaction operation is much more difficult than an ordinary extraction —is not to be deplored because of its tendency to disease through decay and because of its position so far posterior in the mouth not allowing proper care in the brushing of the teeth. Impacted teeth, especially the third molar, may be the cause of a pathological condition in a number of ways. If a tooth cannot erupt because of an obstruction, the root of that tooth continues to develop even if it does not push itself through the bone and gum. In this way a good deal of pressure may be made upon the nerve tissue at the apex of the root, this being the cause of serious nervous reflex actions. Impacted teeth are not always caused by the lack of room.

It is important to give attention to the temporary teeth, because a pathological condition of the maxillary and mandibular bones may be caused just as easily at an early age as later on in life. The judicious extraction of diseased temporary teeth is to be advised in many cases, because it is often imperative to clear up an abscessed condition even if the loss of the milk tooth is liable to occasion some irregularity in the permanent teeth. The temporary teeth should be given the proper prophylactic treatment to prevent the inevitable decay which is almost sure to occur through neglect. Very often a temporary tooth is not shed in the proper time and is so held in its position long enough to produce the impaction of the tooth beneath. This may be due to a

pathological condition or to a simple wedging process by the teeth on either side.

A very great deal of the trouble from impacted or partially impacted teeth is caused by an inflammatory condition about the gum or bony tissue around the area. If only a cusp or part of the tooth has projected through the gum and bone, this leaves a flap of tissue which is quite likely to become irritated because debris may collect beneath it. Many nervous troubles may be caused by an impacted tooth when the irritation is not sufficient to produce pain. St. Vitus' dance is fairly common in its association with irregular and impacted teeth. The superintendent of the New Jersey State Hospital for the Insane always has the teeth of his patients X-rayed to discover possible impacted teeth, which, he states, cause a great many cerebral diseases. Disorders of the eve and ear, motor nervous disturbances, sensory paralysis, etc., are associated with impacted teeth. Whenever there is a very mild stimulation in any part the tissue of that part has a tendency to proliferate, which accounts for the very dense bone often found around an impacted tooth, thus increasing the chances of producing an undue nervous pressure. In most cases of impaction in the office of the old-time dentist the teeth were allowed to remain if they were not a source of local trouble. It is better to get these out of the mouth, and with the improved technic many impacted teeth are now promptly taken care of before trouble is produced. Because the bone and gum tissue around an impacted tooth very often becomes infected, the area acts as a focal infection, creating systemic disturbances.

Physicians have recently become more than ordinarily interested in the lesions of the mouth and teeth, because many of their cases are associated to such an extent with dental troubles as to be the cause of the conditions they are treating. Focal infections are now being traced to diseased areas in the mouth as well as in the tonsils. Doctors of medicine are now regarding the teeth as possible sources of the original cause of many systemic conditions. The X-ray is being used to a very great degree by physicians to diagnose on their own account the condition of their patients' mouths. Whether the physician is capable of diagnosing dental radiographs or not, this new era in dental practice must compel the dentist to feel that he is vitally concerned in the general health of his patient, whatever the operation he is to perform upon the teeth. The situation has come to this pass, that the more dental operations that are seen in the mouth of a patient the greater the

chances are that the teeth are a source of trouble. This is true to a large extent, not so much because dentists in the past have been careless, but because they, like the physicians in a great deal of their own work in the past, did not have the all-round knowledge that they have to-day. To-day the technic of dental operations, especially of root canal work, where the X-ray serves as a check, has improved as much as the technic of surgical work in general. A dentist should not be criticized so much for his work in the past as he should be if he pursues the same old methods at the present time. The safe and sane men in both medicine and dentistry should believe alike that a lesion in the mouth which cannot be treated successfully by medicine in a certain length of time should be cared for surgically. In certain cases, where the general condition is such that desperate measures must be taken at once, it is right to say that a tooth or a certain number of teeth should be sacrificed. A dentist should not in any case jeopardize the good health of his patient in the years to come by performing operations upon the teeth which he feels are against the principles of asepsis and hygiene. There are many cases of diseased conditions about the mouth where it is futile to attempt any treatment except the radical treatment of extraction.

To explain something of dental pathology associated with focal infection, we may say that the dental pulp is more subject to gangrenous condition than any other tissue in the body. The pulps of teeth become devitalized by infection from caries of the dentine of the tooth, from chemical changes under certain types of fillings, from thermal shocks under metal fillings seated close to the pulp chamber, from direct or indirect blows upon the teeth, from careless instrumentation, and largely because decay of the tooth has caused an exposure of a vital pulp which must be removed in order that the tooth may be saved by a filling. The practice of devitalizing and removing a pulp because the patient has allowed the caries of a tooth to become so extensive as to involve the pulp, is the last extreme to save the tooth in question. This operation should be most carefully done, so that a perfect root canal filling be made to take the place of the lost tissue. If this operation can be properly performed, with the radiograph serving as a guide, the bony tissue at the root end does not become infected, and the tooth, though pulpless, will continue to be a healthy and useful member of the dental mechanism. Therefore, because a tooth is pulpless, it does not follow that an abscessed condition is the inevitable result. The good health of

the tooth depends upon the perfect sterility of the pulp canal and the proper sealing of the apical foramen.

The starting point of the abscessed condition of a tooth is the penetration of the apical foramen by the bacteria and their products formed by the decomposition of the pulp tissue. You are familiar with the acute abscessed condition as to general symptoms, when the swelling caused by the burrowing of the pus is conducive to great pain and discomfort, rise in temperature, and general malaise. If all abscessed conditions about the teeth followed this course much trouble would be avoided, because the patient is acutely conscious of disease and treatment is at once sought. However, a vast number of diseased teeth never pass through the acute stage, although many acute conditions become chronic either through neglect on the part of the patient or an imperfect result in the operation upon the tooth by the operator. If a root canal is the container of bacteria, toxins and gaseous end products, where there is an apical opening of that canal it must necessarily follow that the area at the end of the root will be subject to infection. That the infection is not always acute is apparent for the following reasons: In the case of a neglected tooth the root canal is very often open at the crown of the tooth in the cavity of decay, allowing the imperfect drainage of the putrescent pulp; in the case of a partially or imperfectly filled root canal with a small amount of organic matter remaining at the end of the canal, the bacterial action may be insufficient to cause a violent abscessed condition; the lack of oxygen or the low type of virulency of the bacteria may produce only a slight discomfort in the way of a soreness; a fistula at the end of a sinus through the bone may be draining the area; the natural vitality of the part and the protective agents of the blood may be able to check the inflammation and keep the infection in a small area; a sinus may have been originally formed so that there is a drainage into some bony canal or the antrum; even great areas of necrotic bone may be formed by a slow process with no symptoms appreciable to the patient. It of course follows that during the morbid process of the chronic disease there is a certain amount of absorption by the blood and lymph of bacteria and toxic poisons. Thus the chronic areas about the teeth have become to be considered as focuses of infection in treating the so-called secondary infections. The less the apparent local infection the greater sometimes is the liability of its being the cause of the general condition because of the overlooking of an apparently healthy part. Patients are often very sure that the teeth

are in the best of condition because they have always given them the best of attention. It naturally follows that the dentist is skeptical of a small radiolucent area being the cause of a serious disease in spite of the proofs of the investigators and the clinical evidence. However, it is not sound to say that a small area of infection is insufficient to cause an absorption if you believe that a large one containing the same bacteria could cause it. It is right to say that whether there is a granuloma or pus sack, an extensive necrosis or ostitis, or an area simply radiolucent, it may be a source of danger to the patient otherwise than locally.

Speaking of that old bugbear to us all, pyorrhœa alveolaris, the cause of so much discussion as to whether it is of local or general origin, most dentists believe that the disease begins in most cases at the gum margin, although it is certain that systemic diseases may be the reason for a lowered vitality of the parts. In the creation of general symptoms from pyorrhœa we know that the spreading of the superficial inflammation will cause a disturbance in the digestive organs; we know that the swallowing of infected matter oozing from pockets about the teeth is a condition which needs immediate clearing up. Also, we must bear in mind the fact that pyorrhœa is a disease of the bony socket of the tooth in its advanced stages as well as an inflammatory condition of the gum margins in the early stages. As the pericementum of the diseased tooth becomes necrotic and the bone itself becomes infected, the area may be considerd a focus of infection for other troubles. Pyorrhœa may be considered a disease of regional debility which goes on in many cases with only slight local symptoms. For this reason, and because the teeth involved are often free from caries, the patient has little or no treatment and harbors areas which may not only be necrotic, but also are a strain upon the associated alimentary canal because of the constant exudate. The fact that the disease in its advanced stage is such a mixed infection makes it difficult to treat by a serum, and if the discharge can be checked by local treatment the fact remains that there may be quiescent areas of disease which can never be really healthy.

In a great many over-dentistried mouths we find ill-fitting crowns and bridges which are a source of irritation at first to the gingivæ and later by progression of the inflammation a cause of severe involvement of the deeper bony tissues. Besides the danger of a spreading of the superficial inflammation to the pharynx and its associated openings, the constant discharge of poisonous exudates may in time cause dangerous

troubles in the gastric and intestinal mucous membranes. It is strange that there is so little trouble with the digestive organs when associated with a badly mutilated mouth, but if there is an antiseptic action of the gastric juice the bacteria and toxins sooner or later must overcome the natural resistance and cause some trouble. Thus in pyorrhœal conditions systemic troubles may be the result of direct infection from the pus or exudate, or they may be caused by an infection of the Haversian canals and a consequent absorption through the capillary walls. The best way out of a case where a few teeth are to be restored by a partial denture is to make a removable piece which may be cleaned and which will not injure the gum tissue. It is safe to say that mouths filthy with accretions and decay of the teeth, purulent conditions at the gum margin due to pyorrhœa, bad crown and bridge work, and any septic lesion which discharges pus into the oral cavity, will in time give rise to diseases of the alimentary canal, which, in turn, may cause other diseases by hæmotogenous infection.

The production of particular secondary infections must depend upon the type of bacterium absorbed, the age and natural resistance of the individual, the channel through which the absorption takes place, the amount of absorption as to time or abundance, and the particular affinity the germ may have for a part. As far as chronic abscessed conditions about the teeth are concerned as to the type of bacteria absorbed, most of us are taking the great work of Hartsell as the most recent and reliable. He obtained from periodontal infections of the chronic variety, not the ordinary virulent pus-producing streptococcus, but the so-called streptococcus viridans, so named because it grows in a colony with a green halo produced. There are many varieties of this organism, but it is principally to be noted that this type must be of comparatively low virulence when first absorbed because it causes so little general disturbance. It is just the type of organism which we would suspect to localize secondarily and cause a heart or rheumatic lesion. Besides the pneumococcus-streptococcus group as a factor in producing secondary complications, the staphylococcus alone or in combination with others is often found. It has been shown that different types of the streptococcus will, in being carried by the blood stream, find a location most favorable to their growth as to their anaerobic tendency. Of course the local secondary attack may depend very largely upon the fact that certain areas may have a lowered resistance due to injury or overwork. We must also remember that this spot

may be quite violently attacked and thus serve as another focus of infection for another diseased condition. The amount of absorption which takes place may depend upon the tissue originally infected. C. M. Procter, of Boston, has illustrated the amount of pressure brought to bear upon a root end in a paper called "The Power of the Machine." As bacteria and their products increase within a bony wall there must be a considerable amount of pressure brought to bear which must increase their absorption. The constant use of the teeth must also tend to produce a pressure which may be a means of helping the absorption of toxic material. Most mucous surfaces are easily irritated, but in the mouth the actual absorption would seem to be small. An infected part of the mucous membrane of the mouth would rather cause a progressive inflammation to the adjacent parts than a hæmotogenous infection. If a chronic abscessed condition has formed a fistula upon the gum and there is a constant discharge of pus into the mouth, of course the pressure upon the Haversian system of canals is decreased, but besides the hæmotogenous infection there becomes the additional danger of an infection of the alimentary canal by the swallowing of poisonous exudate. This is also the case in a patient's mouth where there is a discharge from a pyorrhœa pocket. We hear a great deal about pus sacks at the roots of teeth causing a disturbance because the X-ray has shown them. It is possible to determine by the X-ray with some degree of accuracy whether or not there is a granuloma or sack, but it does not require a pus sack to promote an absorption. The most dangerous conditions can result from an area of radiolucency to the X-ray, when the bone is more in a state of osteomyelitis. You are more or less familiar with the protective lymph nodes in the sub-mental and sub-maxillary regions. These filters, when they become enlarged, give a needed warning in the case of a severe abscess in the mouth, especially in children, but no doubt some of the bacteria get into the blood stream through the lymph channels.

In consideration of the diseases secondarily caused by focal infections in the mouth, the first to be prevented are those which are sure to involve the neighboring parts if the focus is neglected. Ostitis of a large area, osteomyelitis in either jaw, and especially a chronic antrum, are diseases to be avoided by the early treatment of a chronic, or, in fact, any abscess of a tooth. According to Thoma, 75% of the people in this country are harboring this lesion in the mouth. Hæmotogenous infection is responsible for many ophthalmic disturbances as well as

ear troubles, though of course other parts, like the tonsils, are also responsible. Hunter distinguishes a so-called septic gastritis due to pvogenic infection of the stomach, and also a septic enteritis, which he states is the result of oral sepsis. Rosenow has shown that gastric and duodenal ulcers are caused by an infection of the blood, and others have seen their cases of this kind improve to a cure by eliminating the focal infection in the mouth. Whereas we do not know so much about pernicious anæmia, there is a septic anæmia which we may attribute to focal infections in the mouth and tonsils. According to investigation the endocardium of the heart is very likely to become involved by a focal infection because it is so often weakened by previous diseases. The valves of the heart are so situated as to become easy prey to the invasion of bacteria. Perhaps the best results by eliminating focal infections about the teeth have been obtained in the treatment of neuritis and the different kinds of arthritis. (I have a few slides which show the focus of infection and I will describe as best I can the systemic complications.)

Now, what is the problem that we have to face? The first and most important thing to say is that in the mouth, as well as in other parts of the body, we must strive to prevent the disease, and in the mouth the whole question hinges upon cleanliness and the prevention of caries of the teeth. A periodic prophylactic treatment will not only check the accumulation of tartar or calculus at the gum margins, but also it will inhibit the colonizing of bacteria which cause decay of the enamel, the real starting point of the abscessed condition. When teeth are to be filled or restored it is up to the dentist to live up to his presentday knowledge and restrain himself from performing operations which are sure to be the cause of future trouble. A hurried filling with a rough gingival margin or an ill-fitting crown is a business that may in time upset the whole organism. If a dentist will not put the time into the proper asepsis of root canal work, he would be doing the patient a favor to extract the tooth in question, especially if it be a multirooted tooth. Of course the patient is in many cases willing to take a chance, because in the past a tooth was only a tooth, and if it caused trouble one could always have it out. The value of the radiograph in the practice of dentistry when root canal work is to be checked up is known to everybody, and, by the way, it is no great disgrace to be unable to get the desired result the first time.

Perhaps the physician is most interested in the way in which the

dentist is going to treat an abscessed condition when that patient is suffering from a secondary involvement. This should depend upon the nature of the secondary infection, the proper examination of the mouth, and the reading of the radiograph. The medical man should be liberal in his consultations with dentists and not decide at once that teeth should be ruthlessly extracted. A comparison of opinions should lead to a proper course to pursue for the best health of the patient. Abscessed areas must be cleared up as soon as it is a possible thing, in many cases to save what little vitality the patient has left. This, of course, may not mean the immediate extraction and curretting of the part involved, but it does mean the immediate dental care to clear the thing up. It is not a disgrace to have to resort to surgical means, however, and a short length of time is required to determine the prognosis. In reading a radiograph there may be areas which require surgery, but there may be others where it is for the best interest of the patient to attempt treatment. It must be borne in mind that in times to come more X-rays are often a necessity to be sure that the situation is well in hand. There are many mistakes made in the simple diagnosis from a radiograph. Often an examination of the mouth will change a theory. It is quite common to mistake the mental foramen for an abscess on the root of a lower bicuspid, and it is also common to forget that the anterior or posterior palatine foramina are often shadows at the root ends of the teeth in their respective anatomical vicinities. Also the mistake may be the other way around, the area of infection may be a very slight one in the bone, but by a proper examination we may determine that a small sinus leads to the antrum or the inferior dental canal. The well informed dentist will most often determine the procedure to be followed by the extent of the involvement of the periodontal membrane. This membrane between the tooth root and the bone is quite difficult to kill, as nature must have intended, because the health of the tooth depends largely upon it. In an acute abscess, where a large quantity of pus may come into contact with the periodontal membrane, if the pus is properly drained and the cause removed the membrane will recover its former vitality. On the contrary, a long-standing chronic condition at the root end will cause a necrotic condition of the part and even attack the root substance itself, forming that rough, honeycombed effect so often seen in an extracted root. This serves as an additional irritant upon mastication and nature tends to treat the tooth as a foreign body. For this reason an extensive involvement of the periodontal

membrane necessitates the amputation of the end of the root or the extraction of the tooth. Even when only a small portion of the membrane is destroyed, the best root canal men are advocating the encapsulation of the area, when rendered sterile, by the root canal filling. The best root filling for a tooth is a vital pulp, which fact brings us back to that much-neglected phase of dental practice, prophylaxis and prevention in the mouths of the children.

THE CANCER PROBLEM.

By E. H. RISLEY, Chairman Division on Cancer.

The cancer problem to-day is rapidly becoming more and more an economic one and should be attacked from that point of view as vigorously as tuberculosis and other infectious diseases have been. This is true because of the alarming present yearly mortality rate, which is in the neighborhood of 55,000, and also because increasing familiarity with the disease impresses us more and more with the fact that the various forms of malignant disease are not necessarily an accompaniment of old age, but that the young and economically valuable individual as well is often the subject of the development of a malignant lesion, and in young subjects the disease is notoriously virulent and of great rapidity of growth.

The questions have been asked, "Do we really know anything about cancer? Has the past fifteen years of research and massing of data from many thousands of cases shed any real light on this supposedly obscure subject?" The answer to each is decidedly in the affirmative. Many facts are at present available which help us materially in the efficient treatment of the cancer patient and tend to place malignant disease in the list of the somewhat preventable diseases. We know that cancer is neither hereditary, infectious nor communicable, and that it is at first, at any rate, a local and not general disease. This is valuable information, for it means that, if cancer is thoroughly removed surgically in its incipient stages, a cure can reasonably be expected.

This is the text of the sermon which the American Society for

Control of Cancer is endeavoring to preach throughout this country in order to influence people to seek aid very early while relief is yet possible; to dispel from the public mind the idea of a certain doom connected with cancer, and to persuade both the layman and the physician to act as promptly as in acute appendicitis.

It is now generally believed that in the majority of cases cancer is caused by a chronic stimulative irritation, constant or intermittent, traumatic or chemical, perceptible or imperceptible, acting on the normal body cells. The importance of this belief is at once evident, not only as an incentive to the detection of more and more of the causative irritants, but as a means of greater efforts for prophylaxis. The greater the number of sources of irritation removed from the various parts of the body, the smaller will be the number of malignant lesions developing. We have, therefore, in this one bit of knowledge a strong weapon in our efforts for cancer control.

Varying degrees of malignancy exist, so that one form may be highly malignant and rapidly fatal, while the same cell type of tumor in another situation or a slightly different cell tumor in the same organ may be of so slow growth and of so low a grade of malignancy as to differ little from those types which we ordinarily consider benign.

Until very recently the inoperable case of carcinoma was the hopeless case of which both the general practitioner and the surgeon quickly washed their hands after thoughtlessly prescribing enough morphine to make the patient comfortable. But this gloomy picture has now largely been changed, and, while certain cure or entire relief from symptoms cannot always be promised in this type of case, yet our understanding of how to manage these cases has become so much greater in the last few years that we have very much more to offer the hopeless case than there ever has been before.

The practical standardization of operations for carcinoma in the various regions of the body, the larger and larger acquaintance with and efforts to alleviate inoperable conditions of malignancy, the recent rapid advances made in treatment by radium and X-ray, give the surgeon or the clinic who has worked extensively with this type of case an armamentarium with which to combat inoperable malignancy which is far more efficient than is generally known.

It can be said, therefore, that we do know something about malignant disease, and that our continued efforts to educate both the public and the physician are already beginning to bear fruit.

JOURNAL OF MAINE MEDICAL ASSOCIATION

Editorial Staff.

DR. F. C. Tyson, Augusta.

DR. A. S. THAYER, Portland.

DR. JAMES A. SPALDING, Portland. DR. BERTRAM L. BRYANT, Bangor. DR. C. J. HEDIN, Bangor.

> DR. L. D. BRISTOL, Augusta. DR. T. E. HARDY, Waterville,

DR. FRANK Y. GILBERT, MANAGING EDITOR, 148 Park St., Portland.

County Editors.

Dr. S. E. SAWYER, Lewiston. DR. F. E. BENNETT, Presque Isle. DR. HAROLD J. EVERETT, Portland. DR. G. L. PRATT, Farmington.

DR. A. L. JONES, Old Orchard. DR. S. J. BEACH. Augusta.

DR. D. M. STEWART, South Paris. DR. H. D. McNeil, Bangor. DR. C. C. HALL, Foxcroft. DR. R. C. HANNIGEN, Bath.

DR. H. W. SMITH, Norridgewock. DE. G. A. NEAL, Southwest Harbor.

DR. F. H. WEBSTER, Rockland.

Editorial Comment.

WHAT ARE VITAMINES? - BEST DESCRIBED BY WHAT THEY DO.

"What are vitamines?" This is a question asked repeatedly since the importance of these compounds in foods has come into prominence, but no definite answer has yet been given. Investigations by scientists at universities, agricultural experiment stations, and institutions for medical research have revealed much information regarding the function of vitamines in body maintenance and building, and the parts of the various foods in which they are to be found.

That vitamines are compounds absolutely essential in the food, in order to maintain the weight of the body and produce growth, has been definitely proved. The lack of vitamines causes deficiency diseases, so named because they are due to lack of something in the diet. mines are present and are needed in such small quantities in the food that chemists have not yet been able to isolate them from the many other compounds which are in foods. For this reason, we know very little of the actual character of vitamines.

THREE TYPES OF VITAMINES.

According to a statement by Dr. Carl O. Johns, in charge of nutrition work in the Bureau of Chemistry, U. S. Department of Agriculture, vitamines have been classified into three different types, depending

upon the functions which they have in promoting well-being and growth.

The first type is known as fat-soluble vitamines, and these are necessary in order to obtain growth from food. Lack of these causes beri-beri, which manifests itself by disease of the nervous system and by other symptoms. These vitamines are found in seeds, in green plants, in certain bulbs and fleshy roots and fruits, and in milk and eggs, as well as in certain organs in the animal body. The seeds referred to include beans, nuts and the various cereal grains. When cereals are very highly milled in order to obtain a very fine white flour, a large part of the vitamines may be removed. Vitamines are also lost when rice is polished in order to remove the outer layers which contain most of the vitamines. It is for this reason that a diet consisting mainly of polished rice may cause beri-beri, while unpolished rice does not cause this disease.

FAT SOLUBLE VITAMINES.

The second type is known as fat-soluble vitamines, and these are found in butter, eggs, milk, and in certain animal organs, such as the heart, kidneys and liver, and to some extent in other fats as well as in green vegetables. They also exist in smaller quantities in certain seeds. When fat-soluble vitamines are absent from the diet animals and man are subject to a disease of the eyes, which appears to be related to xerophthalmia, and which, if prolonged, may produce blindness.

The third type is known as antiscorbutic vitamines — that is, those which prevent scurvy, which manifests itself by disease of the bones as well as in other ways. These vitamines are found in oranges, grapefruit, lemons and other citrus fruits, and in green vegetables, such as tomatoes, spinach and lettuce, and in eggs and raw milk. The drying of vegetables frequently destroys the activity of the antiscorbutic vitamines. The best source of vitamines is in the leafy parts of vegetables, and this is one of the reasons why spinach, lettuce, and cabbage are valuable foods.

DEBASED INFANT NOURISHMENT.

From an out-of-the-way corner of a recent number of the *British Medical*, we note and borrow, condensed in form and expression, the following: Is it or is it not true, and is there any remedy applicable by the women of this country?

"Until we see that tubercle bacilli are not tuberculosis, no progress

can be made in solving the problem of this disease. The idea that stamping out the bacillus will stamp out the disease is becoming more and more untenable. A proper and a natural diet is everything to an infant under one year of age. Nature intended that cow's milk should nourish a calf, and not a human child, endowed with mind, reason, intelligence, consciousness and personality. Here is the beginning of the tragedy of the tuberculous child. Improve the condition of the people, so that the nations may rear strong and healthy mothers, who would feed their own children with their own milk, and then tuberculosis in infants would become as rare as in the so-called 'savage' countries, where they are breast-fed, and live more or less natural lives."

Truer words, we believe, were never written, nor was so much truth ever condensed into so small a space.

THE CURE OF PILES WITHOUT OPERATION.

Among the latest anti-surgical ideas we note from the *British Medical* for March a paper by Lyth, of London, with the above title. He claims that by following a certain procedure, cure can be effected in a large majority of cases of this troublesome affection without any surgery.

The bowels are to be moved the last thing at night before going to bed. This may be difficult, owing to the habit of morning evacuation, but it is essential to the treatment. It can be gradually contrived, and, if necessary, by aperients. A loose movement is to be avoided, for even slight constipation is better than any diarrhœa. This means care in the use of aperients of any kind.

After the bowel-movement, and sponging with tepid water, calanine powder is applied freely and thickly upon a pad of absorbent cotton and held in precise contact with whatever piles there are, by means of a tape, finally tied around the waist. If there is much discharge this pad is to be changed, accordingly, in the morning. If there is much discomfort during the day, the powder may be removed and the pad smeared with hamamelis ointment. This ointment, however, is not so useful for a cure as the powder.

Lyth claims that in a few weeks very obstinate instances of piles can in this way be cured, and all risks of surgical intervention done away with.

In connection with this suggestion, we note with pleasure that this plan has already been favorably reported upon in one of our own medical journals.

Necrology.

ROBERT AMBROSE HOLLAND,

Calais, 1870-1920.

It is with keen regret that we notice here the death of Dr. Holland, a leader in medicine and surgery in Washington County. He died very



ROBERT AMBROSE HOLLAND

suddenly at a Sister's Hospital in Winnipeg whilst on his way farther West, where he had lumber interests which much needed his personal attention. He set off from home in apparently the best of health, but was seized with acute cardiac and nephritic symptoms, and died almost without any warning, September 11, 1920, nearly fifty years of age.

Born in Chatham, New Brunswick, November 2, 1870, he was as

an infant carried to Portland, and from thence immediately afterward to Van Buren, Me., where he was educated at St. Mary's Academy. He obtained his medical degree at Bowdoin in 1895, presenting a graduating thesis on "Auscultation and Percussion," embodying unusual views on these diagnostic topics. He settled at once in Calais. and was a charter member of the Washington County Society, as founded at Dennysville in 1897. He was a constant attendant at the meetings, was at one time President; never, however, wrote medical papers, because his mind did not tend that way, but he always had something to say on topics introduced by other members. In point of fact, as a speaking member he was always a leader in debates. went early into surgery and achieved great success. He had a large consulting practice, and in one day before setting forth on what was to be his last journey, he performed two capital operations and saw over forty patients in his office or at their homes. He went abroad once, at least, and spent considerable time at Vienna, as well as briefly in other foreign centres of medicine. He went out to see the Mayos, also, and to watch their latest operations. In a word, he was a wide-awake man in all respects. He was witty, liked general conversation, was a good companion and had a most delightful voice, which was often heard in the church of his faith. He did more than his share of the work at the Halifax disaster, and was so broken down by his exertions there that he was obliged to retire temporarily from practice. His disposition was, on the whole, rather retiring, but he let himself go occasionally and in surgery was inclined to boldness in many of his operations, but his results justified his daring with the knife.

He married Miss Mae Pillsbury, of Belfast, who survives him. He was preparing for a winter tour to the Barbados Islands for 1920 and 1921, but that voyage is now forever postponed.

J. A. S.

County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The regular meeting of the Androscoggin County Medical Society was held in the Municipal Court Room, City Building, Lewiston, April 5th. The meeting was called to order by the President, Dr. Andrews.

The records of the previous meeting were read and approved.

A letter was read by the President in regard to helping Dr. Pepper, of Madison, Me., who had the misfortune of being injured. The President asked the opinion of the members regarding the matter. Dr. Pierce stated that it is not a Society matter, but a personal one. Dr. Haskell says that it is a bad practice to start helping any injured physician. It was decided to leave the matter to each individual to do as he pleases.

The letter concerning the Marion Ruben affair was read by the President. Dr. Haskell claims that he had prepared an article to be published, that he gave it to a local paper, but it was never published. Dr. Call suggested that the Society should not do anything, and to let the matter drop.

Dr. Andrews asked the opinion of the members in regard to entertaining the Oxford and Franklin County Medical Societies. All the members seem to favor the idea. Dr. Call, seconded by Dr. O'Connell, made a motion to postpone the entertainment until next fall.

Dr. Dupras, seconded by Dr. Haskell, moved that we protest the action of the New England Telephone Co. of taking our title out of the Telephone Directory, and that we oppose that action very strongly. Dr. O'Connell made the amendment that the Secretary write to the Public Utilities Commission to find out what their ruling is in regard to the matter, as unanimously voted. Dr. Haskell, seconded by Dr. Parmalee, moved that the Secretary should send return postal cards to all the members of the Society, asking them whether they intend to keep their title in the Directory or to have it taken out.

Motion to adjourn.

Those present were: Drs. Andrews, Pierce, Miller, Haskell, Call, O'Connell, Morin, Dupras, Girouard, Langelier, Parmalee, Bolster, Russell and Dumont.

L. J. DUMONT, M. D., Secretary.

CUMBERLAND. CUMBERLAND COUNTY MEDICAL SOCIETY.

The regular meeting of the Cumberland County Medical Society was held at the Falmouth Hotel, April 9th. The meeting was called to order by N. M. Marshall, President. There were present sixty-four members and several invited guests.

The address of the evening was delivered by Dr. Robert T. Morris, of New York City, and his subject was, "A Discussion of Points in Relation to Gall-Stones." Dr. Morris brought out some interesting points on his ideas as to the etiology of gall-stones and adhesions in the region of the gall-bladder and duodenum, or "cobwebs in the attic of the abdomen," as he called them. He believes that these conditions are toxic in their origin and that, according to Rosenow's theory of toxins, the gall-bladder, as well as the appendix, has an elective affinity for these toxins. The destruction of tissue is done. not so much by enzymes or by bacteria at these points as by antibodies which are called out in response to the presence of the toxins which have gathered in these areas because of their elective affinity. The excessive action of the antibodies causes autolysis, loss of plastic exudate and replacement with connective tissue. He believes, therefore, that the toxic feature was the fundamental one, and the treatment should be aimed at some fundamental focus of infection, whether the case is operated or not. He described some interesting experiments that he had performed to determine if gall-stones could be dissolved in the body, and conclusively proved that which I supposed had long ago been accepted, that they could not. He stated that the gall-bladder did not seem to be absolutely essential, but said it seemed to stand midway between the appendix, an absolutely non-essential vestigial organ, and the Fallopian tube, a most essential organ. He was especially sane in his discussion of operative treatment, making a plea against the present tendency seen in cholecystectomy of being carried away with the popular vogue and forgetting that each case should be treated individually.

The paper was discussed freely by Drs. J. F. Thompson, W. Bean Moulton, C. M. Webber and others, while several interesting histories were given.

After the reading of the address the regular business meeting

was held. It was voted to omit the reading of the records of the last meeting.

The names of Drs. John I. Sturgis and Henri Lambert were reported on favorably by the Board of Censors, and Dr. John L. Potter was presented by letter from the Piscataguis County Medical Society as a transfer. All three men were duly elected by ballot.

Dr. Warren read a letter from Robert Hale, Portland Treasurer of the Grenfell Fund, thanking the Cumberland County Medical Society for the \$369.00 which it had contributed.

A letter addressed to the "medical profession of the State of Maine'' from Dr. L. G. Bunker was read by the Secretary. It was a request that the medical men of Maine, in a testimonial of their sympathy to Dr. Pepper, of Madison, the unfortunate victim of a bomb outrage, be requested to send any sum of money they may wish to H. C. Prince, of Madison. It was voted that the Cumberland County Medical Society send \$25.00 as the Society's contribution to this fund. It was further voted that the President appoint a committee to secure individual subscriptions. Dr. Adam Leighton, Dr. Nichols and the Secretary were appointed a committee to collect from the profession in the county. Dr. Alfred Mitchell, who had recently seen Dr. Pepper, described the pitiable condition in which he found him.

A communication was read from the Aetna Life Insurance Co., stating that after April 1st the annual fee for liability insurance would be \$40.00. As this was a considerable increase, it was voted that the Secretary make inquiry as to the amount paid in and the amount paid out in this county by the Aetna during the year past.

The following amendments to the By-laws were unanimously adopted.

Amend Article V of the By-laws which reads:

'The officers of this Society shall consist of a President, Vice-President, Secretary, Treasurer, Delegates and Board of Censors. These officers, except the Delegates and Board of Censors, shall be elected annually."

so as to read-

"The officers of this Society shall consist of a President, Vice-President, Secretary-Treasurer, Delegates and Board of Censors. The President and Vice-President shall be elected annually. The Secretary-Treasurer shall be elected for a term of five years."

Amend Chapter III, Section 2, of the By-laws which reads:

"The President shall preside at the meetings of the Society, and perform such other duties as custom and parliamentary usage may require."

-so as to read

"The President shall preside at the meetings of the Society. He shall appoint from the floor at the annual meeting an auditing committee of three, who shall examine the books and accounts of the Secretary-Treasurer for the past year and report on the same; and perform such other duties as custom and parliamentary usage may require."

The President appointed the following a committee on resolutions on the death of Dr. B. B. Foster, Dr. Warren, Dr. Swasey and Dr. Bray.

Meeting adjourned.

PHILIP P. THOMPSON,

Secretary pro tem.

YORK.

YORK COUNTY MEDICAL SOCIETY.

The quarterly meeting of the York County Medical Society was held in the Common Council Room, City Building, Biddeford, Thursday, April 7th. The forenoon session was opened at 10.30 o'clock, Dr. P. S. Hill, of Saco, the President, in the chair.

The minutes of the January meeting were read and approved.

Drs. J. Starr Barker, Kennebunk, Ernest L. Burnham, and Owen B. Head, Sanford, and LeRoi S. Syphers, Cornish, were elected to membership. One application was received and referred to the Board of Censors.

It was voted to instruct the Secretary to send letters of sympathy to Drs. J. O. McCorison, of North Berwick, and J. L. M. Willis, of Eliot, both prominent members of this Society for many years, who are now ill and unable to engage in medical practice.

Shortly after 11.00 o'clock, the physicians went to the City Opera House, where six reels of films were shown, under the direction of George H. Coombs, M. D., of Augusta, Director of the Division of Venereal Diseases, State Department of Health, and U. S. Public Health Service. These films were highly interesting, in showing the modern diagnosis and treatment of gonorrhæa and syphilis. This part of the program required about an hour and a quarter, after which dinner was enjoyed at Hotel Thacher.

The afternoon session was opened at 2.00 o'clock, Dr. A. G. Wiley, of Bar Mills, the Vice-President, presiding, in the absence of the President.

Dr. S. J. Beach, of Portland, gave an instructive and most practical talk on the important subject, "Eye Diseases in General Practice."

Several physicians discussed Dr. Beach's address, special attention having been given to cases of ophthalmia neonatorum.

Dr. Thomas W. Luce, of Portsmouth, N. H., was a guest of the Society, and spoke in an interesting manner.

Dr. Coombs explained the work of the department with which he is connected, and urged the physicians to co-operate in their efforts to educate the public in regard to the serious conditions produced by venereal diseases.

A rising vote of thanks was given Drs. Beach and Coombs for their assistance in making the program such a pronounced success. Adjourned at 4 o'clock.

The following physicians were present: G. H. Coombs, Augusta; S. J. Beach, Portland; Thos. W. Luce, Portsmouth, N. H.; P. S. Hill, J. D. Cochrane, J. D. Haley, C. E. Thompson, G. R. Love, F. C. Lord, C. G. Dennett, Saco; C. J. Emery, E. D. O'Neill, F. E. Small, C. F. Kendall, D. E. Dolloff, L. A. Girard, C. F. Traynor, P. E. Chapron, Biddeford; A. J. Stimpson, Kennebunk; H. L. Prescott, Kennebunkport; J. W. Schafer, So. Berwick; H. I. Durgin, W. W. Varrell, York Harbor; C. W. Kinghorn, Kittery; A. G. Wiley, Bar Mills; C. W. Blagden, Sanford; S. B. Marshall, Alfred; B. F. Wentworth, Scarboro; J. A. Randall, A. L. Jones, Old Orchard:

ARTHUR L. JONES, Secretary.

Correspondence.

Waterville, Me., March 16, 1921.

To the Medical Profession of the State of Maine:

It seems fitting that we, the doctors of the State of Maine, should take some action in the dastardly outrage which has been perpetrated on one of our honored colleagues, Dr. Pepper, of Madison. As, at best, a long period of inaction is before him, it is eminently proper that our sympathy should be shown in some substantial form. Therefore, I am asking everyone in the medical profession, as an expression of his sympathy for Dr. Pepper, and of his horror for the crime of which he was the innocent victim, to send to H. C. Prince, Madison, Maine, who will act as treasurer, whatever sum of money to him seems best.

Five dollars from each one would make a testimonial of which we would not be ashamed. I am sending a copy of this letter to the secretary of every County Medical Society in the State, asking him to bring

the matter to the attention not only of its membership, but also to all members of the profession in his section.

L. G. BUNKER, M. D.

To the Editor of the Maine Medical Journal:

Herewith I hand you a list of the several members of the Cumberland County Medical Society who have subscribed to the Dr. Pepper fund. The letter from Dr. Bunker is self-explanatory. Such a terrible thing should not be allowed to pass by unnoticed by the physicians of this State. Dr. Pepper needs aid, and being left physically unable to practice medicine, with funds exhausted and no income, it would seem that this fact would stimulate generosity on the part of the medical profession.

It is hoped that those who have not subscribed up to the present time will forward their check to the committee.

Yours very truly,

ADAM P. LEIGHTON, JR., M. D., ESTES NICHOLS, M. D.,

Committee.

Portland, April 9, 1921.

LIST OF SUBSCRIBERS TO DR. PEPPER FUND.

	The state of the s
H. A. Pingree,\$5.	.00 M. C. Webber,
	.00 W. Bean Moulton 1.00
	.00 F. A. Smith, 2.00
	.00 C. N. Peters, 2.00
	.00 Thomas A. Foster, 1.00
	.00 M. A. Webber, 1.00
E. W. Files, 5.	.00 F. E. Wheet, 1.00
	.00 R. P. Black, 1.00
	.00 J. R. Hamel, 1.00
O. E. Haney, 5.	.00 D. M. Mannix, 1.00
	00 N. S. Kupelian, 1.00
W. W. Dyson, 5.	.00 E. H. Drake, 1.00
E. W. Gehring, 5.	.00 N. D. Hyde, 2.00
N. M. Marshall, 5.	.00 C. H. Sylvester, 1.00
L. D. Thaxter, 5.	.00 J. L. Woolf, 1.00
Alfred Mitchell, 5.	
L. A. Derry, 5.	.00 Total to date,\$107.00

\$25.00 additional will be sent from the Cumberland County Medical Society. This amount has been sent to H. C. Prince, Treasurer, Madison, Me.

Adam P. Leighton, Jr., Estes Nichols,

Committee.

April 11, 1921.

A SUGGESTION.

To prove the efficacy of our advertising pages, you might send to The Abbott Laboratories, Chicago, for a free sample of AROMATIC CHLORAZENE POWDER (Council-Passed). This Dakin antiseptic is excellent for use as a gargle, mouth wash and spray.

USEFUL IN NERVOUS DISORDERS "HOrlick's"

The Original Malted Milk

- Served hot, as a sedative in insomnia.
- 2. As a vehicle for the administration of hypnotics.
- 3. In the dietetic treatment of neuras-
- 4. For drug addicts, during the state of withdrawal.
- 5. In the digestive and nervous weakness of invalids, convalescents and the aged.

Avoid Imitations

For printed matter and samples address

HORLICK'S - Racine, Wis.

Physiotherapy

The remarkable results secured in the treatment of our wounded soldiers by the various physiotherapy methods used in the U. S. Reconstruction Hospitals have attracted national attention. The value of physiotherapy has been so clearly demonstrated that the U. S. Government has equipped many of the U. S. Public Health Service Hospitals with apparatus for use in physiotherapy.

Leading physicians now realize that physiotherapy can be of great assistance to them in their general practice. It has shown its value particularly in a large number of chronic conditions, and also in the treatment of occupational injuries received by mill workers and artisans of various kinds.

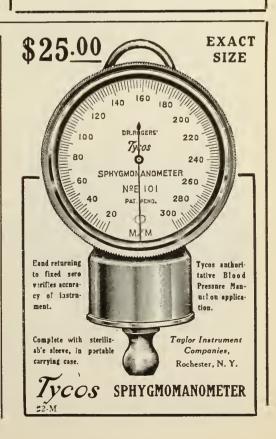
The Thompson-Plaster Electrical Cabinets supply many of the modalities used in physiotherapy. Write for our booklet "Electrotherapy in the Abstract," which explains the value of these modalities and gives the technique for their application.

Clapp Anderson Co.

Specialists in high quality X-Ray and
Electro-Medical Apparatus
120 Boylston St. Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me.
Maine Representative



9.15 9.30

9.50

9.00 A. M. Invocation.

Notes.

PROGRAM FOR THE JUNE MEETING OF THE MAINE MEDICAL ASSOCIATION AT BANGOR.

Tuesday, June 28th, 1921.

Practitioner as a Citizen."

Dr. Henry E. Marston, No. Anson — "How to Meet Some Daily Problems of the General Practitioner."

Dr. Delbert M. Stewart, South Paris - "The General

Address of Welcome.

10.10	Dr. Adin L. Smith, Machias — "The Doctor and Pre-
	ventative Medicine."
10.30	Dr. Fred W. Mann, Houlton — "Obstetrics from the
	Standpoint of the General Practitioner."
10.50	Discussion.
11.30	Paper on Medical Organization.
2.00 P. M.	President's Address - Dr. T. E. Hardy, Waterville.
	Dr. Luther G. Paul, Boston—Surgical paper.
	Dr. John Lovett Morse, Boston — "Nephritis in Child-
	hood."
	11004.
	Wednesday, June 29th, 1921.
9.00 A. M.	Dr. Carl G. Dennett, Saco—"Focal Infections."
9.00 A. M. 9.20	
	Dr. Carl G. Dennett, Saco—"Focal Infections." Dr. Frank H. Jackson, Houlton—"Intestinal Obstruction."
	Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction."
9.20	Dr. Frank H. Jackson, Houlton — "Intestinal Obstruc- tion." Dr. Edward H. Risley, Waterville — "The Value of the
9.20	 Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville — "The Value of the Two-Stage Operation in Surgery with Especial Ref-
9.20 9.40	 Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville — "The Value of the Two-Stage Operation in Surgery with Especial Reference to Acute Intestinal Obstruction."
9.20	 Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville — "The Value of the Two-Stage Operation in Surgery with Especial Reference to Acute Intestinal Obstruction." Dr. Allen Woodcock, Bangor — "After Treatment of
9.20 9.40 10.00	 Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville — "The Value of the Two-Stage Operation in Surgery with Especial Reference to Acute Intestinal Obstruction." Dr. Allen Woodcock, Bangor — "After Treatment of Poliomyelitis."
9.20 9.40 10.00 10.20	 Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville — "The Value of the Two-Stage Operation in Surgery with Especial Reference to Acute Intestinal Obstruction." Dr. Allen Woodcock, Bangor — "After Treatment of Poliomyelitis." Dr. Richard D. Small, Portland — "Cæsarean Section."
9.20 9.40 10.00 10.20 11.00	 Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville — "The Value of the Two-Stage Operation in Surgery with Especial Reference to Acute Intestinal Obstruction." Dr. Allen Woodcock, Bangor — "After Treatment of Poliomyelitis." Dr. Richard D. Small, Portland — "Cæsarean Section." Discussion.
9.20 9.40 10.00 10.20 11.00	 Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction." Dr. Edward H. Risley, Waterville — "The Value of the Two-Stage Operation in Surgery with Especial Reference to Acute Intestinal Obstruction." Dr. Allen Woodcock, Bangor — "After Treatment of Poliomyelitis." Dr. Richard D. Small, Portland — "Cæsarean Section."

By Surgical Dressings

Sterile to the Core

Cotton and Gauze sterilized after wrapping

B&B Sterile Dressings are sterilized, of course, in the making. But they are sterilized again after wrapping—by live steam following a vacuum.

They go out sterile to the core. This is proved by testing center fibers in an incubator.

Such high standards—such exactions—apply to every B&B product.

Three masters have each spent over 20 years in perfecting B&B Adhesive.

B&B Handy-Fold Plain Gauze—in pads—comes sealed in parchmine envelopes.

B&B Handy-Package Absorbent

Cotton is used without removing the roll.

B&B Plaster Paris Bandaĝes come wrapped in water permeable paper.

B&B Formaldehyde Fumigators are given unusual strength.

B&B Surgeon's Soap, in a 1% lather, equals in bactericidal strength a 50% solution of carbolic acid.

These standards meet your every requirement. In some respects, we think, they exceed them. They represent the highest developments in this line. A test of one product will win your respect for all. Please make it.



Learn how it excels



Phenol Coefficient-51.98

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surgical Dressings and Allied Products

NEW AND NON-OFFICIAL REMEDIES.

During March the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Abbott Laboratories: Tablets Acriflavine—Abbott, 0.46 Grain.

Armour & Co.: Ampoules Pituitary Liquid—Armour, 0.5 Cc.

Hynson, Westcott & Dunning: Sterile Ampoules of Benzyl Benzoate—H. W. D.

E. R. Squibb & Sons: Arsphenamine—Squibb. Nedarsphenamine—Squibb. Sodium Arsphenamine—Squibb.

Acriflavine—Heyl. — A brand of acriflavine (see New and Non-official Remedies, 1921, p. 22). Heyl Laboratories, New York.

Proflavine—Heyl. — A brand of proflavine (see New and Non-official Remedies, 1921, p. 23). Heyl Laboratories, New York.

Calcium Cacodylate—I. P. Co. — A brand of calcium cacodylate (see New and Non-official Remedies, 1921, p. 50). Intra Products Co., Denver, Colo.

DuBois Iodoleine, Injectable, Ampoules, 2 Cc. — Each ampoule contains 2 Cc. of DuBois iodoleine (see New and Non-official Remedies, 1921, p. 153). David B. Levy, New York.

Tincture of Digitalis, Fat-free—Squibb.— A biologically standardized fat-free tincture of digitalis corresponding in drug strength to the U. S. P. tincture of digitalis. E. R. Squibb & Sons, New York (Jour. A. M. A., March 5, 1921, p. 655).

Solution Arsphenamine—Lowy, 1 per cent. — An aqueous 1 per cent. solution of arsphenamine, possessing the proper degree of alkalinity. The solution is supplied in ampoules containing 40 Cc. (0.4 Gm. arsphenamine) and 60 Cc. (0.6 Gm. arsphenamine). These ampoules should not be used after the date stamped on the label of each package or if the degree of coloration of the solution is greater than that of a control tube which accompanies the package. A sterile needle for intravenous injection and sterile rubber tubing accompanies each ampoule. The Lowy Laboratory, Inc., Newark, N. J.

Ampoules Pituitary Liquid—Armour 0.5 Cc. — Each ampoule contains 0.5 Cc. pituitary liquid—Armour (see New and Non-official Remedies, 1921, page 222). Armour & Co., Chicago, Ill.

Tablets Acriflavine—Abbott, 0.03 Gm. — Each tablet contains 0.03 Gm. acriflavine—Abbott (see New and Non-official Remedies, 1921, page 21, *Jour. A. M. A.*, March 26, 1921, p. 859).

Prescribe

Burkhardt BREWING GOMPANY

Beverages for Medicinal Use

Depend on it --- they are unexcelled.

The name **Surhhards** assures products made of the choicest, most expensive materials.

The Burkhardt plant has always been a model in perfect sanitary equipment.

Burkhardt Products are brewed and bottled by machinery. Untouched by human hands.

Rurkhardts Products are full bodied --- wholesome.

The maximum in nutritious properties.

The very best we know how to brew based on nearly 75 years' experience.

Burkhardt Malt Extract contains 2 per cent. alcohol, 12 per cent. extract. Bottled in 12 oz. bottles, 24 to the case, in strict conformity with U.S. Govt. regulations.

Burkhardt offers hops for medicinal purposes in 2-4 and 16 oz. packages: and pure malt extract in syrup form in 2 1-2 lb. cans, 12 cans to the box.

Prices on application.

Burkhardt Brewing Co., Boston 20, Mass.

Tel. Roxbury 4456-4457-4458

Application has been made to the Federal Government for a permit to manufacture and sell old-time malt beverages for medicinal use.

Prescribe Burkhardt's and Prescribe Best

Boralo

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

To is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best results are obtained by dissolving in hot water.

Ask For Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

YOU MAY NOW PRESCRIBE

For spastic-pains of the abdominal viscera, for spastic, respiratory and circulatory derangements, including anginaspasms and arterial hypertension

BENZYL BENZOATE

Safe non-narcotic antispasmodic

IN FORM OF

Globules—Soluble Gelatin—5 Minims each

Convenient to carry and easity ingested

SOLUTION—MISCIBLE—20 PER CENT

Quite patatable when diluted and sweetened

SPECIFY "H. W. & D."

Specimens of products and literature upon request

HYNSON, WESTCOTT & DUNNING BALTIMORE

$\mathsf{T}_{\mathsf{R}\mathsf{Y}}$

OPTICAL WORK LANGTON RX

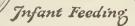
With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

C. A. L. Langton

Manufacturing Optician 419 Boylston St.

Boston, Mass.





Diet Materials

THE DOCTOR'S METHOD OF FEEDING INFANTS

MEAD'S DEXTRI-MALTOSE is DEXTRINS and MALTOSE—just as the name implies.

Moreover, it is DEXTRINS and MALTOSE without DIRECTIONS printed on the package.

"D-M" is furnished with POTASSIUM BICARBONATE, or with SODIUM CHLORIDE. Also furnished PLAIN in order that the Doctor may prescribe any other food salts desired.

The Use of "D-M" Means Individual Infant Feeding.

THE MEAD JOHNSON POLICY

MEAD'S DEXTRI-MALTOSE is advertised only to the medical profession. No feeding directions accompany trade packages. Information regarding its use reaches the mother only by written instructions from her doctor on his own private prescription blank.

16 oz. in every package — MORE FOR LESS, NOT LESS FOR MORE Full literature and samples on request.

MEAD JOHNSON & COMPANY EVANSVILLE INDIANA,U.S.A.

Oculists Prescription Work

THE SMITH-SOMES CO.

OPTICIANS

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$12.50 regardless of the number insuring, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

George S. Burgess

"Doing It Deftly and Safely"



PROCAINE for deep or surface anesthesia is safer and less irritant than cocaine and only about one-seventh as toxic. It causes no visual disturbance. PROCAINE (Abbott) may be had without the bother of filling out a narcotic blank. In handy soluble tablets, one of which in 1 mil (16 minims) of distilled water makes a 2% solution. Other solutions in proportion.

Net Price

100 tablets, A-P (Abbott's Procaine) No. 1, gr. ¹/₃ with adrenalin gr. 1/2500.

PROCAINE (Abbott) is also available in readyprepared ampule solutions, if preferred.

Send for Free Booklet on "Local Anesthesia." If you wish your dealer stocked with PROCAINE (Abbott) please advise us, giving name and address.

THE ABBOTT LABORATORIES

Mfrs. of Barbital, Procaine, Chlorazene, Cinchophen, Dichloramine-T and other Council-Passed Specialties

Home Office and Laboratories, Dept. 38, Chicago, III.

NEW YORK

TORONTO

SEATTLE

SAN FRANCISCO

Pituitary Liquid

is the perfect preparation of Posterior Pituitary active principle. It, too, is without preservatives—1-2 c. c. obstetrical, 1 c. c. surgical.

Corpus Luteum

(Armour)

is true substance and will give results. Powder 2 and 5 gr. capsules and 2 and 5 gr. tablets.

Surgical Catgut Ligatures

Plain and chromic, regular (60 inch) ermergency (20 inch) lodized (60 inch)

Strong and sterile.



An Incomparable Product

The Suprarenalin preparations are now available.

Suprarenalin Powder - - 1 grain vials Suprarenalin Solution,1:1000 - 1 oz. botls. Suprarenalin Ointment, 1:1000 - tubes

Suprarenalin designates the astringent, hemostatic and pressor principle of the Suprarenal Gland as isolated by the Armour chemists.

Suprarenalin Solution is the incomparable preparation of the kind. It is water-white, stable and non-irritating and is entirely free from chemical preservatives.

Suprarenalin Ointment is bland and its effects very lasting.

ARMOUR COMPANY

NOW 20 1030

Maine Medical Association meets at Bangor 1921

THE JOURNAL





THE

Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 10.

MAY, 1921.

\$2.00 per year

Holadin and Bile Salts

Holadin - - $2\frac{1}{2}$ grs. Bile Salts - 🗦 gr.

(enteric capsules)

- "Investigations begun originally by Professor Nencki in his "Berne laboratory and carried on by Heidehain, Rachford, "Williams and Martin, have shown that the bile has a fa-"vouring action on the ferments of the pancreatic juice.
- "The bile, indeed, proved itself to be a constant and power-"ful auxiliary of the pancreatic juice, a fluid which is of such "importance for digestion and in itself already so com-"plicated."

- Prof. J. P. Pawlow.

"Holadin and Bile Salts," a combination of the most potent pancreas extract with the isolated glycocholate and taurocholate of sodium, in their native associationis a therapeutic resource of distinct service in pancreatic (intestinal) disorders dependent upon, or associated with deficient bile action.

> Fairchild Bros. & Foster New York

MAINE MEDICAL ASSOCIATION.

OFFICERS.

President—T. E. Hardy, Waterville, 2nd Vice-Pres.—James McFadyen, Milo. 1st Vice-Pres.—G. R. Campbell, Augusta, Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District, Second District.	J. F. Thompson, Portland, E. V. Call, Lewiston,	Term e	xpire	s 1921.
Third District,	W. E. Kershner, Bath,	6.6	4.4	1923.
Fourth District.	F. H. Badger, Winthrop,	4.6	4.4	"
Fifth District,	Lewis Hodgkins, Ellsworth,	6.6	4.6	1922.
Sixth District,	C. H. Burgess, Bangor,	6.6	6.6	4.4

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT,	SECRETARY.
Androscoggin,	S. L. Andrews, Lewiston,	L. J. Dumont, Lewiston.
Aroostook,	P. E. Gilbert, Ashland,	F. E. Bennett, Presque Isle.
Cumberland,	N. M. Marshall, Portland,	E. E. Holt, Jr., Portland.
Franklin,	J. W. Perkins, Wilton,	G. L. Pratt, Farmington.
Hancock,	A. H. Parcher, Ellsworth,	Geo. A. Neal, Southwest Harbor.
Kennebec,	F. H. Badger, Winthrop,	H. E. Thompson, Augusta.
Knox,	J. G. Hutchins, Camden,	H. W. Frohock, Rockland.
Oxford,	O. S. Pettingill, Hebron	W. T. Rowe, Rumford.
Penobscot,	Jarvis B. Woods, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. C. Hall, Foxcroft.
		C. N. Stanhope, Dover, Acting.
Sagadahoc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	H. W. Smith, Norridgewock,	C. E. Richardson, Skowliegan.
Waldo,	Elmer Small, Belfast,	Carl H. Stevens, Belfast.
Washington,	J. A. Walling, Milbridge,	H. B. Mason, Calais.
York,	Frank W. Smith, York Village,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles—		Miscellaneous—	
Clinical Psychiatry	301	Necrology	317
The Spirit of Our Calling	305		
Dr. William Hammett Simmons	310	County News and Notes	320
Editorial Comment—		Notes	322
Cancer Contest	314	New and Non-Official Remedies	324
Radiology at the State Meeting	316	Personal News and Notes	325

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440

CALCREDSE

CALCREOSE IS A MIXTURE CONTAINING IN LOOSE CHEMICAL COMBINATION APPROXIMATELY EQUAL PARTS OF CREOSOTE AND LIME.

CALCREOSE HAS ALL OF THE PHARMACOLOGIC ACTIVITY OF CREOSOTE, BUT IS FREE FROM UNTOWARD EFFECTS ON THE GASTRO-INTESTINAL TRACT.

CALCREOSE MAY BE TAKEN IN COMPARATIVELY LARGE DOSES-IN TABLET FORM OR IN SOLUTION.

LITERATURE AND SAMPLES ON REQUEST.

THE MALTBIE CHEMICAL COMPANY Newark, New Jersey

The STORM ABDOMINAL SUPPORTER

PATENTED

Adapted to Use of Men, Women and Children and Babies
FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREG-NANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS, &c.







Special Kidney Belt

No Whalebones No Rubber Elastic

Inguinal Hernia Modification

Kidney Belt Washable as Underwear Inguinal Herni Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA.





SERVICE On Coolidge Tubes

IN order to assure users of Coolidge Tubes the utmost in repair service, and which is intended to operate to their decided advantage, the following suggestion is offered:

Hereafter, put it up to the nearest Victor Service Station to handle Coolidge Tube repairs for you. Send the tube to that office, together with a report on your trouble. Our Distributor will take up the work from there on, will follow it through for you and see that the tube is returned to you at the earliest possible moment.

This co-operation on the part of a specially trained service organization will mean the source of much satisfaction to Coolidge Tube users. Our Service Stations are in direct touch with the factory, assuring you that service which you are anxious to get—prompt and efficient—thus relieving you of unnecessary correspondence and loss of time.

Victor X-Ray Corporation

General Offices and Factory

Jackson Blvd. at Robey St.

Chicago

Territorial Sales Distributors:

F. H. Saxby & Weston Oyler

711 Boylston,

Boston, Mass.



A Matter of Seconds

I F there is one feature of Adrenalin that stands out above all others it is the promptness and definiteness of its therapeutic effects.

Take the paroxysms of asthma for example: four minims of Adrenalin injected hypodermically will usually bring gratifying relief to the patient in a few seconds.

Adrenalin relaxes the constricted muscular fibers of the bronchi and at the same time increases the force and effectiveness of the ventricular contractions of the heart.

Parke, Davis & Company

THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

MAY, 1921.

No. 10

*CLINICAL PSYCHIATRY.

By Dr. Forest C. Tyson, Augusta, Me.

I am just going to say a few words regarding the classification of mental disorders, and you will find in the Statistical Manual, on page 12, the working classification that has been adopted by the Medico-Psychological Association, and which the reports from practically all the state hospitals throughout the country are formulated upon. Briefly, I will take up this classification.

This classification may be divided into three parts; perhaps for working purposes we might say into two parts. First, the organic, on one side of the line, and the functional psychoses on the other side. Now, then, beginning with the organic group, we have first the traumatic psychoses, that is, metal disorders due to some brain injuries. Second, we have the senile psychoses, in which the mental disorder is due to loss of vitality of the brain incident to old age. Then we come down to number three, the psychoses associated with cerebral arteriosclerosis. Fourth, general paralysis, in which the dominant factor is the spirochæta pallida. Also, in the narrow syphilitic group we have the psychoses associated with cerebral syphilis, which is a somewhat different picture from the ordinary general paralytic type. Then we find psychoses associated with Huntington's chorea and psychoses associated

*Stenographic notes of talk given to the Maine Medical Association at the State Hospital, Augusta, just before the clinic.

ciated with brain tumor, and other conditions associated with brain or nervous diseases. Under this latter head are grouped a number of cases that are more apt to be seen in private practice, such as cerebral embolism, paralysis agitans in its various forms, meningitis, multiple sclerosis, tabes and acute chorea. So far we are working on a basis in which lesions of the central nervous system give rise to the mental picture. Then we have characteristic physical findings which are quite typical. Now this group composes perhaps nearly half of the cases admitted to the hospital—perhaps not quite half. The prognosis is poor. In practically none of these cases can we expect recovery, except a few due to injury—simple concussions or something of that sort. They may possibly recover, but all the others present a very unfavorable prognosis.

Now the next half of the organic group, including the disorders included between Nos. 9 and 12 or 13, are mental disorders fairly typical, but caused by special etiological factors which are exogenous. Under this group we have alcoholic psychoses in its various forms, psychoses due to other drugs and other exogenous toxins, psychoses associated with pellagra, and, by the way, we have had quite a number of cases of pellagra. This is a disease probably of metabolism, faulty and unbalanced diet. The disease is quite prominent in the South, and some countries, and supposed at one time to be due to fermented or diseased corn meal. I think that other foods have become involved in that, and we find that it is due principally to an unbalanced ration. It gives rise to characteristic skin diseases, stomatitis, and also a mental disorder which is not particularly characteristic. Then, under No. 12, we have the psychoses associated with some somatic diseases. You have all seen the delirium of infectious fevers, the post-infectious psychosis, delirium associated with cardio-renal disease, disorders associated with the ductless glands, and so forth. The prognosis in this group of cases is fairly good; they practically all recover. The mental disorder is more or less influenced by the type of physical disease, and as that improves there is usually a corresponding improvement to recovery in the mental disorder.

This brings us down to the last group, the so-called functional psychoses. First, the manic-depressive psychoses. Now that term may not be familiar to many of you, although it has been pretty generally used now for the past ten or fifteen years. Perhaps a brief word of explanation might be pertinent. Manic-depressive is a compound word, made up of the words "mania" and "depression". Now "mania" means a psychomotor acceleration, an increase in motor and mental

and physical ability. "Depression" is exactly the opposite, in which we have retardation, or slowing up, particularly after the first two years. Together they represent rather a benign or simple mental disorder. The fundamental symptoms are not very serious, although the manifestations may be very spectacular and are well known. We have here five types, the manic type, in which there is simple manic excitement, associated with distractibility of ideas, rapid ideation and emotional oscillations. In the repressive type we have the opposite, retardation of thought, general restraint of movement, a dearth of ideas and emotional sadness or depression, or depression with possible sadness. The third type is one of stupor, and we may have a manic-depressive stupor, either of the manic phase or of the depressive phase. Here consciousness is more or less interfered with and the patient is disoriented in the affected field. In the mixed type we have a curious mixture of the two symptoms—of the two main groups—that is, one set of symptoms does not follow the other, but they are both together. For instance, there will be a flight of depressive ideas which brings the two conditions into conflict. These cases are very difficult to diagnose, fairly rare, and not seen except in the transition stages when a patient is passing from one phase into another. Then the circular type refers to those cases where there is a tendency to recurrence, one cycle following the other. There are cases in which the transition from one phase to the other is so short that the patient is never normal. By the way, I wish to say that the prognosis in the manic-depressive group is favorable. Practically all cases recover if they live long enough. The cycles vary, anywhere from a few weeks to a few months or five or six years, and oftentimes in the circular types the cycles will continue for many years, so that the patient really must remain in the hospital, because the normal intervals between attacks are so short that it does not pay to take him home.

Now related to the manic-depressive group is a small group of cases classified as the involution melancholia. They come late in life and are characterized by ideas of negation—that nothing exists. Otherwise the condition is quite similar to manic-depression insanity, except that there is no difficulty in thinking as a rule.

The next group is that of dementia præcox. Dementia præcox is not clearly understood to-day. There are two schools of thought concerning it. One, that it develops on a mental basis purely and simply, without any physical disorder. Another group think that it is the result of some organic changes going on, or that there is some disturbance of the ductless glands resulting similarly. Now, it is a

serious disorder. The symptoms are grave, reaching deeply into the personality of the individual. It comes on very early in life and usually results in severé mental deterioration. It begins, as I say, quite early in life, soon after puberty, and rarely develops, in my opinion, after twenty-five years of age. Possibly the paranoid type might come on after that, but the true dementia præcox, in my opinion, develops very early in life. There are conditions developing later in life that resemble it very much, but I doubt if they are true dementia præcox. Another term, "schizophrenia," is very much used by some writers, but it is practically synonymous with the term dementia præcox.

Just a word of explanation concerning the terms. Before Corcoran formulated his concept, dementia præcox, in doing so he based the classification upon the outcome of the disease. He recognized that a large number of these early mental disorders led to severe mental deterioration; in other words, they acquired their dementia. "Præcox" means that it develops early in life. One might naturally infer, with such an analogy, that it related to senile dementia, but such is not the case, and its development is entirely different. Cases come into the hospital early in life, pass through their various cycles, revert to a lower level of consciousness, and remain in the institution a great many years. In fact, this type of cases constitutes the bulk of the patients in the State Hospital. We have been able to divide this disease into four fairly distinct groups. First, the paranoid group, which is the simplest one of all; is characterized by ideas of persecution, with a clear sensorium; able to reason fairly well, but with the presence of hallucinations and delusions. Next the catatonic type, in which the patient is very resistive. This type of case is liable to be very much excited at times; is also subject to stuporous spells and a tendency to catalepsy. Next, the hebephrenic type is perhaps the most characteristic of the dementia præcox group, and it is characterized by silliness, scattering thoughts, without much systemization to any part of it. Then there is the simple type, in which deterioration seems to be the principal feature.

I will not go farther into these disorders; I do not care to take up any more time. We have one case of psychoneurosis, which is a simple nervous or physical difficulty due to conditions which are either conscious or unconscious in the life of the individual. Those types are very well defined, such as hysteria, psychasthenia and neurasthenia. The hysterical individual gets into difficulties over things that have happened in the past; the neurasthenic worries about the future; and the psychasthenic is worried over what is happening at the present

time. They are all very mild cases and rarely find their way into the State Hospital. They are a type of case that bothers the general practitioner more than anything else.

We will first show you cases of dementia præcox, and in order to save time I will have the cases brought in in groups. I will have the history read so as to give you an idea as to the development of it.

(Cases were then brought in and their history detailed.)

* THE SPIRIT OF OUR CALLING.

By W. E. LINCOCK, Caribou, Me.

About two weeks ago our President wrote that he would like to have me read a paper to-day. As I have not written anything for a long time and have listened to and enjoyed so many fine and instructive papers at our different meetings, I felt as though I must try, at least, to do my part. For several days, when not making calls, I tried to think of some subject, but could not seem to think of anything specific, so am going to take a general subject, and have selected as the title of the few ideas I have gathered together "The Spirit of Our Calling."

There seems to exist in the minds of a great many people to-day a most erroneous idea of the true spirit of our calling, and I am afraid if the medical profession is not on its guard it will fall into and practice the misconception which the laity to-day think exists. We should steadily impress upon our minds in these days of so much that is mercenary in the attitude of all classes and conditions of people, the beneficent purpose, the great achievement and the magnanimous spirit which has actuated so many of the members of the medical profession in the past, and by this means increase the appreciation of the importance of the work we do and the ends we serve.

Not so very many years ago the best type of the physician was most often embodied in the good old family doctor, and he was often a surgeon of no mean ability as well. It was almost impossible for the hard-worked doctor of say thirty-five or forty years ago to help

^{*} Read before the Aroostook County Medical Society.

practicing most of the more important virtues of the decalogue whose mere contemplation even now staggers the mind—violence was met with gentleness, resentment and ingratitude with silence, and much more than at the present time his work was done with no hope or even expectation of recompense.

Those well-known lines of Will Carleton's give a pretty good idea of the country doctor's life.

"In the nighttime or the daytime, he would rally brave and well, Though the summer lark was fifing, or the frozen lances fell; Knowing if he won the battle, they would praise their Maker's name, Knowing if he lost the battle, then the doctor was to blame."

But aside from the qualities of mind and heart with which the oldtime doctor was gifted we might consider the beneficent purpose of medicine itself and the good to mankind that the advance in the knowledge of medicine has brought.

Think what the discovery of ether meant to millions of suffering people! The history of the first operation performed under the influence of ether is most interesting. It occurred in 1846 at the Massachusetts General Hospital. The operating room was crowded with students, physicians, surgeons, clergymen, lawyers, and many others. The patient was a delicate girl of twenty who had suffered for a long time from a scrofulous disease of the knee-joint. It had at length suppurated, there were extensive openings into the cavity of the joint, the cartilages were ulcerated and partly absorbed, the bones carious and symptoms of hectic fever had made their appearance when the ether was given. After the ether was applied the girl was directed to take long inspirations, and in about three minutes Dr. Morton, who claimed the discovery of ether, and who was giving it, said, "She is ready." Dr. Heywood, who was operating, passed the knife directly through the limb and brought it out as rapidly as he could, the bone was sawed, five arteries were tied, and as the doctor was tightening the ligiture upon the sixth the girl groaned, which was the first sound she had made. The operation lasted a minute and three-quarters.

It was just about this time that Oliver Wendell Holmes, then one of the most eminent surgeons in America, said in regard to ether: "The knife is searching for disease, the pulleys are dragging back dislocated limbs—nature herself is working the primal curse which doomed the tenderest of her creatures to the sharpest of her trials, but the fierce extremity of her suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed forever."

We can only mention, in passing, a few of the most prominent names of those whose discoveries, researches and skill have given to medicine an undimmed lustre. In the early part of the seventeenth century Peter Chamberlain invented the obstetric forcep. It has been much perfected since, of course, but think what the lack of forceps would mean to countless women to whom childbirth would be impossible without such mechanical help!

Who can estimate the saving of human life since Jenner's theory of vaccination was accepted as a specific for smallpox! Before the discovery of vaccination 3,500,000 people died of smallpox in a year in Mexico; in British India, in the year 1770, 3,000,000 died of the same disease, while in Europe the death rate averaged 200,000 a year for one thousand years. Contrast that with the report of smallpox in France during the late war. In 1914, twelve cases; in 1915, one case; in 1916, one case; in 1917, six cases; and in 1918, as a result of several cases brought from Algeria, where they did not have the same activity of the official vaccination service, forty-six cases.

There are many other names we could mention of doctors who have added immeasurably to the sum of human happiness, but will only speak of two or three—Von Behring, whose discovery of antitoxin has shorn diphtheria of its fatal horror; Lister, under whose teaching septic surgery was forever abolished: Pasteur, who instituted the science of bacteriology. It has been estimated that Spencer Wells, in one series of ovariotomies, added twenty thousand years of life to the patients on whom he operated, and just now we read in the daily papers that a cure for the scourge of leprosy is at last attained. Certainly "The Spirit of Our Calling" has ever displayed itself in ways of greatest help to humanity.

Of course we must admit that all incentives to action are due to mixed motives. It may be that the benefit to humanity is less consciously active than the desire for reputation or social or professional standing, but even if this be so to some extent, we cannot entirely withdraw ourselves from the influence which this inherent spirit and tradition of medicine gives. Many doctors have lost their lives in the discharge of duties so common as to seem trivial. Exposure to diphtheria, smallpox and tuberculosis is considered not at all, and is looked upon by the laity, and the doctors themselves, as usual and customary. We had an example of this in Presque Isle before the discovery of antitoxin, nearly forty years ago, when Dr. Parker, in the discharge of his duties, contracted diphtheria from which he died. Did not Dr. Parker give up his life for his calling as truly as the soldier on the battle field?

Thackeray, in one of his "Roundabout Papers," tells the story of a doctor which well exemplifies the sacrifice of life to duty. There was in the city of London a famous doctor, into whose consulting room crowds came daily. Now this doctor had a suspicion that there was something vitally wrong with himself, and he went to consult another famous physician at Dublin, and he of Dublin punched his comrade's sides, listened at his heart and lungs, felt his pulse and looked at his tongue, and when he had done Dr. London said to Dr. Dublin: "Doctor, how long have I to live?" Dr. Dublin said to Dr. London: "Doctor, you may last a year." Then Dr. London came home, knowing that what Dr. Dublin said was true, and he made up his accounts with man and heaven, I trust. He visited his patients as usual, he went about healing and cheering and soothing and doctoring, and he said not a word to his family at home, but lived amog them cheerful and calm. It was winter time, and they came and told him that a man at some distance very sick, but very rich-wanted him, and Dr. London went to the sick man, for he knew that his large fee would be good for his children after him. He died, and his family never knew until he was gone that he had long been aware of the inevitable doom. This, of course, is only a story, but it illustrates the heroic lives of many doctors.

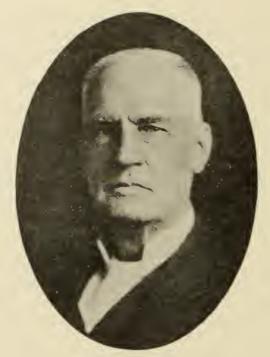
Then, on the other hand, there are a few among us who perhaps are missing the true spirit of the profession. Those who try to gain a reputation by disparaging their colleagues, who speak sneeringly of their fellow practitioners and who discredit and criticize their diagnoses and treatment. To this spirit is due many of the malpractice suits which so often assail members of the profession. As personal evidence of this fact, I might state briefly that during my almost thirty years of the practice of medicine I have twice been obliged to defend malpractice suits, and in both cases I am quite certain they were started by brother practitioners, although I am glad to say that, on account of my good friends among the doctors, one case was dropped and the other lived just long enough for the plaintiff to get in his evidence. Let us as medical men stand together with the spirit of our calling ever before us.

Then we must not omit to mention the quacks and imitators who abound in the land. Christian Science, which is neither Christian in its spirit or scientific in its practice, cancer cures, hypnotists, abortionists and venerial quacks do not deserve a passing notice. Osteopathy, which is struggling to be recognized as on the same plane with medicine, has done and is doing immeasurable harm in many cases. I can cite you, as an illustration of this, a case to which I was called less than a year ago. One evening last winter I received an urgent call to go to

the home of Mrs. Blank, who lived a short distance from my office. When I arrived I found the woman sitting up in bed, with a high fever, quick pulse, increased respiration, in fact, she was struggling for air. On inquiring into the case I found that she had been sick about a week, commencing with a chill, followed by a cough, bloody and rusty expectoration, in fact, she had every symptom of pneumonia. Now during all the week she had been treated by an osteopath, who had been giving her treatments each day, which, as you know, are very exhausting even for a well person. She had not had any nourishment or any supportive treatment. I told the husband that I did not see how his wife could live but a few hours, and, in fact, the next day he was left a widower with a number of small children. Now is not this a terrible picture to the medical mind and a rank injustice to the public?

There is just one more point I wish to emphasize, and this is what the spirit of our calling shall direct us to do in the future. Our opportunities and responsibilities are increasing and at the same time changing. The time has come when the physician must take an active part in affairs for the betterment of the community. Health centers, prenatal care, infant welfare, child hygiene, physical education in the schools, diagnostic clinics should, if carried on successfully, enlist the interest and active co-operation of the physician. If, as is perhaps the case, the doctor is not taking as active a part as he might in community betterment, I do not believe it is through fear of loss of personal gain, but more to an absorbing interest in the work he is already doing. Instead of lessening the work of the physician, the increased interest in the community will call for greater service. Social workers are showing up the large needs, and almost all of these needs turn to the doctor for help. Local health boards, too, should recognize the importance of their duties, and should organize and apply their knowledge so as to improve the health and living conditions of their own people.

At no time in the history of medicine has there been a better opportunity for doing constructive work. Our profession has never yet failed in time of need, and I think we all agree that when the hardworked doctor, wherever he may be, whether still clinging to old traditions and beliefs or having adopted the newer and more up-to-date policies, finally lies down from his labors with his duty fairly done, his part well acted out, he has with both brain and heart lived, in some degree at least, up to the spirit of his most noble calling.



DR. WILLIAM HAMMATT SIMMONS.

DR. WILLIAM HAMMATT SIMMONS.

*By Dr. George A. Phillips, Bar Harbor, Me.

I had the privilege of knowing Dr. Simmons, of Bangor, many years. It was way back when Dr. Ralph K. Jones—God bless him!—was alive and brought me into this Association. Many of you remember Dr. Jones—clean and fine and splendid he was as is his memory—the days when Dr. Seavey and the elder Sanger were ready to fight at the drop of the hat, and did; a poor old way. We know better now, I trow. It was when Mason and Robinson and Hunt and Woodcock were young men and welcomed me to this Association, then the best, as it is now, in the State or any State.

I had heard many times of this rugged genius, but had never met him until one afternoon I went to see him at his office to arrange a consultation between himself and Dr. Hunt on a patient of mine. This was in 1884. He was courteous, but cold as an iceberg, until I told him of a duck hunt at Tunk Pond, and about shooting a wild goose on my 14th birthday (18th of April) and swimming among the ice cakes of Frenchman's Bay to retrieve her. Then I had him, and not alone

^{*}Read before the Penobscot County Medical Association.

for then, for out of it came a friendship for which I am very grateful. From that day until he died, I have had few friends who loved me more, and few, indeed, that I loved better.

You will, I am sure, pardon me if I speak for a moment of my early associations with this society. I need not say, surely not to the older members, how my respect grew for these medical meetings, how constantly I attended them, nor how many friends I made among its members. It is a source of pride and pleasant memories. Many have gone hence. There was the gentleman from Orono, Dr. Mayo, who never failed us: his friend, Dr. Hamlin: Dr. Jones, whose sweet and wholesome nature was an inspiration and a delight, and the older men even then who rarely failed us, Drs. Morrison and Laughton. And there were others. It was Dr. Jones who brought me into the Association and introduced me to Mason and Robinson and Woodcock, whom I knew, and then came Phillips, big of heart and brain. Nor can I ever forget the little old man who ran in one day with his coat of brass buttons and discussed vaccination and got mixed between Jenner and Venner, the weather prophet at that time up in Canada. The deep and abiding friendships I made in those earlier days of my practice are very precious to me, for amid the tumult and torrent of ambition and selfishness that always is striving to crush the best that is in us, pouring its sordidness and dregs into us all, the salvation of it, the power that lifts us out, lies in the grace and splendor of friendship. Can I ever forget when, as a great, young, awkward country lout, I came into your Association and a few men welcomed me so kindly-a kindness never yet forgotten-and from that time till now this friendship stands serene and secure among the choice things we stow away, yet keep in view. Some, like our friend Simmons, have listened to the call we cannot turn away, but all must heed, but here to-night are many whose friendship, formed years ago, I value beyond anything I can say, for above all things a sincere and earnest esteem between men and also between women is the great, glad, wholesome, saving element in human life. It is in this spirit and belief that I wish to say a few words of our friend.

In this presence and on this occasion it would be unseemly for me to attempt to analyze or estimate his ability in his professional work. You, his neighbors, knew far better than I the details of his great work in that part of his career. We all know, however, that it stands secure in the records of work well done. It is of his character, his unique personality, his mental and moral powers that for a mement or two I will beg your hurried time. Dr. Simmons was not a man whose rugged and powerful mental make-up is easy to analyze. It, in a way, stands apart, alone. In others he stands out clear as the

sunlight, in his robust mental, physical and moral strength, his devotion to right as he understood it, in his strong and abiding friendship, rockbound as the eternal hills, and in his hates, in his love, in his devotion to high ideals, in those great things that made his friendship blessed to have, in those things that lifted him up on to the mountain top of a great man, where he rests without question secure. This brings me to say, or to explain, if my judgment is right of the man. One of his peculiarities was shown in his ambition, if it may be called that, which I valued. It was his absolute disregard of public opinion. Among his friends, his associates, the men who stood beside him, he valued tremendously their opinion of him and his work. It was everything to him. To others, the men for whom he did not care, he was the most indifferent man I have ever known. He loved the sincere approbation of his friends, of those who knew him well, especially in his calling, but he never stooped nor sought, above all, never cared, for the opinion of those who could not know or value what he had done or what he was. It is not easy to explain. but it is the genius, the dignity that belongs only to one class of men. It has but one name, a name which always belonged to him, a gentleman. No one, unless he belongs in the same list, can appreciate it. It would mean misjudgment, a wrong estimate of a character that filled me always with a profund respect of his great ability, if I should say he was not sometimes erratic, even often so. But, if you please, this never appeared in his estimate of facts, his great success in his profession, his estimates of scientific demonstrations, his knowledge, so acute in sportsmanship in all things with facts before him. In this point of view there are few men I have ever known whose measure, whose acumen was greater. It was in the realm of imagination, even in philosophy, where opinions and judgments are formed on beliefs and opinions, on unproved assertions, like religion, belief in immortality, in things based on the unknown, that Simmons' mind found no anchor and made him sometimes seem grotesque in his judgments. What man of brains has nothing of the same fault? I hope you understand me; it is not easy to explain. But great men grappling with the unknown see visions. Small men go by rule. His idea of morality, of right and wrong, of the moral code measured by the yardstick of old measurements, by the rule of three as taught generally, sometimes, though not often, made crooked joints. It did not always come together in the way lined up by men who kept the outside of the platter clean. His code was the code of a gentleman, never that of the hypocrite. As he saw things right there was no shadow of turning, in all the great things of life as he saw and understood. In every small thing like unto a grain of mustard seed he

was steadfast and adamant. It was one of the things I loved him for and always shall.

The last two times I saw him will throw some sidelight on his character that may be interesting to some of you. A year almost to a day before his death. I received a telephone from him, asking if I couldn't arrange a duck hunt for a day or two with a friend or two. I picked him up at Ellsworth and we drove to Molasses Pond in Eastbrook. Everything was delightful except the lack of ducks. He shot one and three or four grouse. The day was glorious! God has been mighty good to Eastbrook in the tumultuous splendor of its broken surface, the glory of its ponds and hills. The Doctor was happy. Poor luck was of no avail to mar his joy of being there, and (as he said) with me. The talk in the blind with no birds coming. the philosophy about which we in no way agreed, the midday meal outside a wooded camp, the autumn sunshine, the turning leaves, of which the maples hung full, all were grand. His sincere enjoyment of the day no one could doubt. His deductions on Darwin and Herbert Spencer, between his comments on our outdoor lunch, our intervals between my search for grouse that he might have something of a bag to take home, were marvels of philosophy and humor.

Only once more did I see him. I had boarded a car at the corner of Exchange and Main streets to go to the Eastern Maine General Hospital and found a seat at the end, and by that peculiar intuition I finally realized that someone was waiting for my attention. It was Simmons. When I greeted him and said, "I was just thinking of you," he came back with the grace and courtesy he knew so well how to use, "I am always thinking of you, my dear fellow; for what am I indebted for your thoughts?" I was quick enough to say what I have been so glad for, "Thinking how glad I should be should you ask me to lunch." It was a delightful hour, the last I ever spent with him. We discussed everything, from immortality to the war. I remember how he told me he wanted to live until it was fully settled. Then we talked of life and death, the unknown, its great marvel; life and death, time and eternity, the forever and forever of the unknown, but with cheerful sincerity, as always, he talked of these things.

He had his faults, I do not doubt (as who of us has not?), but I have stood very near him for many years. Some of them I have never seen, the others I cannot now remember. There are few men that I have known who have crossed into the unknown for whom I have such respect and affection as I gave unto him. He died as he lived, bravely.

If we could only know, for him and for others, what is beyond that veil of night blackness never yet raised, death, always so sad, would be joy indeed, I do believe. Let us at least hope that by and by we who loved him shall hear his rugged voice bidding us welcome once more.

JOURNAL OF MAINE MEDICAL ASSOCIATION

Editorial Staff.

DR. JAMES A. SPALDING, Portland. DR. BERTRAM L. BRYANT, Bangor.
DR. F. C. TYSON, Augusta. DR. C. J. Hedin, Bangor.
DR. A. S. THAYER, Portland. DR. L. D. BRISTOL, Augusta.
DR. T. E. HARDY, Waterville.

DR. FRANK Y. GILBERT, MANAGING EDITOR, 148 Park St., Portland.

County Editors.

Dr. S. E. Sawyer, Lewiston.
Dr. F. E. Bennett, Presque Isle.
Dr. Harold J. Everett, Portland.
Dr. G. L. Pratt, Farmington.
Dr. A. L. Jones, Old Orchard.
Dr. S. J. Beach, Augusta.

DR. D. M. STEWART, South Paris.
e Isle. DR. H. D. McNeil, Bangor.
t, Portland. DR. C. C. Hall, Foxcroft.
DR. R. C. Hannigen, Bath.
DR. H. W. Smith. Norridgewock.
ta. DR. G. A. Neal, Southwest Harbor.
DR. F. H. Webster, Rockland.

Editorial Comment.

CANCER CONTEST.

There yet remain outstanding flaws in our treatment of malignancy which are overlooked or not thoroughly appreciated, but which it is believed would considerably improve our results, especially in the borderline or inoperable cases, if they were fully appreciated and applied in all cases. We speak of these, not in any sense of criticism, but simply to emphasize certain broad facts of our general problem.

The surgeon who operates any case of malignancy and fails to follow out the standard methods for the region affected; who fails to examine his patient for recurrence early and repeatedly; or who does not follow up his operation by radiation; or who does not submit the specimen removed for pathological examination in order that he may not only know whether or not he is dealing with malignancy, but with exactly what type and character of growth he has removed, has failed largely in his duty to his patient, his consultant, and to the larger cause of cancer control.

The general surgeon treats operable carcinoma by radical removal. He rarely, or at any rate is just beginning to follow his operation up by a course of radiation, which is now recognized as not only a rational but probably a very necessary procedure, in order to increase the number of operative cures and to safeguard his patient in every way possible.

Much of the failure of surgery to-day in malignant disease is due, not to the supposed inherent incurability of the disease, nor entirely to the failure to diagnose or operate early, but to the failure of the surgeon to avail himself of every possible means at hand to safeguard his operation by the employment, in addition to his radical surgical dissection, of all of these well-recognized, non-surgical aids to the treatment of cancer.

Those of us who operate for malignant disease should be familiar with the life history of carcinoma in the various regions of the body, should know when and where metastases are to be expected, what the possibilities of radiation are in each type of case, and of what value are the palliative methods, should recurrence unfortunately take place. All of these important and very vital facts can only be in the possession of the man who makes a careful pathological study of his cases, and who takes pains to acquaint himself with the latest details of palliative treatment in the apparently hopeless cases. The man who looks on non-surgical methods of combating malignancy with skepticism is taking a very narrow view of a very broad and increasingly important subject.

Our efforts should be to-day toward curing malignant diseases. Cases of carcinoma formerly looked upon as hopeless, are now approached with a real scientific interest, with a knowledge that we have in our hands certain well-tried-out and efficient methods of treatment, which, if properly and understandingly used, are certain to give most encouraging and definite results. But it is only by a combination of methods, and not by any one method alone, that we can hope to accomplish the desired result. The limitations of surgery are known, the increasing efficacy of radiation is being recognized. It is the wise surgeon who sees to it that his patient gets the advantage of a judicious combination of all the proven methods of treatment, and should never jeopardize his patient's chances of cure by not advising a form of treatment which already has proven itself of great value.

We have reached the stage where we can definitely say that such a result can be accomplished by such and such treatment in certain inoperable cases. The cloud of uncertainty in regard to the treatment of
the inoperable case is now gradually being pushed aside, and we are able
to state pretty definitely what can or cannot be accomplished in this type
of case.

Edward H. Risley, M. D. Chairman Cancer Division, M. P. H. A.

RADIOLOGY AT THE STATE MEETING.

Just now the much heralded visit of Mme. Curie has made radium a headliner in the daily press. Though newspaper science is more popular than accurate, one desirable result of all this talk has been to focus public interest for the moment on radium. It has also accomplished a much more valuable achievement. People are becoming roused to the increase in cancer. At a time when all other forms of disease are slowly but certainly on the decline, this mysterious and uncontrollable plague is steadily and rapidly gaining. This fact is now dawning upon a public already re-awakened to the possibilities of radium, and the profession is being overwhelmed with questions which it is hardly ready to answer.

Dr. Robert Abbe, who will give the oration on "Radium" at the Bangor meeting, is a more distinguished scientist than we often can hear at a State medical meeting. He has returned from the International Congress in Paris and is in position, as no one else, to furnish the essential information.

Properly rounding out the subject of radiology is the talk on "X-Ray," by Dr. George P. Pfahler, Professor of Röentgenology at the Medico-Chirurgical College of Philadelphia, a distinguished author and international authority.

Necrology.

DR. MILLETT.

Dr. Millett, whom I characterize as an able, solidly educated, and very genial country practitioner of medicine and a careful surgeon, was born in Auburn, March 7, 1858, a son of Israel and Martha



DR. MILLETT.

Perkins Millett. He died in Belfast November 17, 1920, after a brief and sudden illness of a diabetic nature. He had suffered from other and longer attacks of a similar character two years before his death, but previously to his last illness he considered himself in reasonably healthy condition.

He was well educated at Bridgton and Hebron Academies, and later on was graduated with honor at Bates College, from which institution he later obtained an honorary degree for merit displayed in medical practice. He taught school during his academic and college vacations, and with the money thus obtained he finished his medical education at the Dartmouth Medical School in 1888, being then thirty years of age, a good maturity at which to begin the practice of medicine; not too flighty from youth, nor too sedate from age. He settled at once in Searsmont, and soon enjoyed a lucrative practice. The work, however, ultimately became laborious, the roads too long and wearisome, and after twenty years and more he had enough of country practice. It was pleasant, indeed, in summer, with broad views of the Penobscot bay and river, but horrible traveling in the muds of spring, or the early frosts of oncoming winter.

Dr. Millett moved into Belfast in 1911, went on the staff of the Waldo County Hospital, gave much time to surgery, and was doing promising work in this domain when stricken down by disease. This affection he weathered by diet and vacations, but ultimately died in November, 1920, after an acute attack.

He went into politics at one time considerably, and was in the State Legislature in 1911, doing good work for medicine and the rights of physicians. He was a man always willing to work, always striving to do his best, and to give of his mentality to every patient. He was on the examining board of Waldo County for Banks Haley, who now survives him.

J. A. S.

CONVENIENT

A Complete Food

Requires Neither Cooking Nor the Addition of Milk

"Horlick's"

The Original Malted Milk

Obviates many of the difficulties that are generally connected with the prescribed feeding of infants.

Easily prepared to meet the changing needs of the individual infant.

Very reliable—prescribed by the medical profession for over one-third of a century.

Avoid Imitations

Samples and Printed Matter Prepaid

HORLICK'S

Racine, Wis.

BEACH PERIMETER

(Trans. Section on Ophth., A. M. A., 1920.)



Designed by S. J. Beach, M. D., F. A. C. S., Portland, Me.

One position blackboard Campimeter Curved to chart entire visual field Outline normal field Does not exaggerate the peripheral image Day or artificial light, office or bedside Cleanable nose piece and blinder. Inconspicuous two tone black ruling Patient's eye in direct view Rapid, comfortable, portable

Price, \$35.00 per pair.

GLOBE OPTICAL COMPANY

Manufacturers

403 Washington Street. - Boston, (2) Mass.

Physiotherapy

The remarkable results secured in the treatment of our wounded soldiers by the various physiotherapy methods used in the U. S. Reconstruction Hospitals have attracted national attention. The value of physiotherapy has been so clearly demonstrated that the U. S. Government has equipped many of the U. S. Public Health Service Hospitals with appearatus for use in physiotherapy.

Leading physicians now realize that physiotherapy can be of great assistance to them in their general practice. It has shown its value particularly in a large number of chronic conditions, and also in the treatment of occupational injuries received by mill workers and artisans of various kinds.

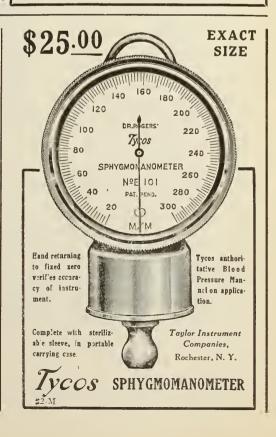
The Thompson-Plaster Electrical Cabinets supply many of the modalities used in physiotherapy. Write for our booklet "Electrotherapy in the Abstract," which explains the value of these modalities and gives the technique for their application.

Clapp Anderson Co.

Specialists in high quality X-Ray and
Electro-Medical Apparatus
120 Boylston St.
Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me. Maine Representative



County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The regular meeting of the Audroscoggin County Medical Society was held in the Municipal Court Room, City Building, Lewiston, May 3rd.

The meeting was called to order by the President *pro tem.*, Dr. Plummer, of Lisbon. Records of the last meeting voted not to be read.

The Secretary *pro tem.*, Dr. E. V. Call, read a letter from the Public Utilities Commission relating to the telephone charges. Discussed by Dr. Barrell and Dr. Haskell.

Dr. Buker passed a letter to the Secretary to read from the Etna Life Insurance Co., increasing the rates to \$40.00, whereas we had paid \$22.50 per year. It was voted, by motion of Dr. Wallace Webber, that the Secretary notify the Etna Life Insurance Co. that we, as a group, will drop our insurance with them on the date (June 8, 1921) when said insurance expires.

Dr. Webber read a notice from the Medical Protection Co., Fort Wayne, Ind.

On motion of Dr. Buker, it was voted that the Secretary notify all the doctors not present of the action of the Society.

On motion of Dr. W. Webber, the Secretary is instructed to investigate other companies for individual or group insurance.

Recommended Rev. C. S. Cummings, Western Promenade, Auburn, for membership.

Dr. Gerrish spoke in regard to the Association to reopen the Maine Medical School question. Discussed by Dr. Webber and Dr. Call.

By motion of Dr. Webber, seconded by Dr. Barrell, a commission, consisting of the President, the Secretary and Dr. Gerrish, is to investigate costs to Society and how much money in the treasury, also to get out petitions of names to reopen the Maine Medical School question before legislature, when proper time presents.

Dr. Ladouceur gave the name of a Belgian doctor practicing medicine without a license, Dr. C. Van Meenen, at 51 Lisbon Street. Voted that the Secretary notify the State Board of Medical Registration.

By motion of Dr. Webber, voted to adjourn.

Doctors present: W. Webber, Barrell, Gerrish, Bolster, Clark, Fitzmaurice, Buker, Chaffers, Miller, Russell, Desaulniers, Poulin, Langelier, Paradis, Ladouceur, Marston and Call.

E. V. CALL, M. D.,

Secretary pro tem.

SurgicalDressings

A Tube to Try

B&B Surgical Lubricant combines the qualities you desire. To prove this, a full-size tube is sent to surgeons on request.

It is perfectly sterile, for we sterilize after sealing.

It is mildly antiseptic without being irritating.

It is water-soluble, so one may use it freely on instruments, ploves and hands.

How it excels

It is an excellent lubricant without grease to soil. For hands, Bloves and instruments it fulfills every requirement.

It softens the skin. It soothes burns and eruptions.

Plain water will remove every trace from hands or instruments.



It is non-corrosive.

It is sterile and aseptic, also mildly antiseptic.

It is non-staining. Plain water removes it from clothing and bedding.

A B&B standard

This article typifies the B&B standards. Each represents decades of effort to meet or exceed your requirements.

All our sterile dressings are sterilized after wrapping.

Each B&B product is the development of masters, in close co-operation with physicians and surgeons.

Send the coupon for one example of what these efforts have accomplished.

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surfical Dressings and Allied Products



Another 27-year Attainment

BAI	JER	8	BLACK		
	25th	and	Dearborn	Sts	Chica

I am not acquainted with B & B Surgical Lubricant. Please mail me, without charge, a full-size tube of B&B Surgical Lubricant to try.

9.00 A. M. Invocation.

Notes.

PROGRAM FOR THE JUNE MEETING OF THE MAINE MEDICAL ASSOCIATION AT BANGOR.

Tuesday, June 28th, 1921.

9.15	Address of Welcome.		
9.30	Dr. Henry E. Marston, No. Anson — "How to Meet		
	Some Daily Problems of the General Practitioner."		
9.50	Dr. Delbert M. Stewart, South Paris - "The General		
	Practitioner as a Citizen."		
10.10	Dr. Adin L. Smith, Machias - "The Doctor and Pre-		
	ventive Medicine.''		
10.30	Dr. Fred W. Mann, Houlton — "Obstetrics from the		
	Standpoint of the General Practitioner."		
10.50	Discussion.		
11.30	Paper on Medical Organization.		
2.00 P. M.	President's Address — Dr. T. E. Hardy, Waterville.		
	Dr. Luther G. Paul, Boston—Surgical paper.		
	Dr. James A. Spalding, Portland—"Report of the Necrologist."		
	Dr. John Lovett Morse, Boston — "Nephritis in Child-		
	hood."		
	Wednesday, June 29th, 1921.		
9.00 A. M.	Dr. Carl G. Dennett, Saco—"Focal Infections."		
9.20	Dr. Frank H. Jackson, Houlton — "Intestinal Obstruc-		
	tion."		
9.40	Dr. Edward H. Risley, Waterville — "The Value of the		
	Two-Stage Operation in Surgery with Especial Ref-		
	erence to Acute Intestinal Obstruction."		
10.00	Dr. Allen Woodcock, Bangor — "After Treatment of		
	Poliomyelitis."		
10.20	Dr. Richard D. Small, Portland — "Cæsarean Section."		
11.00	Discussion.		
2.00 P. M.	"X-ray" — George E. Pfaeler.		
	Oration — "Radium," Dr. Robert Abbe.		

ORANGE-CRUSH LEMON-CRUSH LIME-CRUSH

E suggest the "Crushes" for the consideration of physicians and others who seek dependable drinks.

Ward's Orange-Crush, Lemon-Crush and Lime-Crush are compounds of fruit oils, fruit juices and citric acid from oranges, lemons or limes, purest sugar, certified food color and carbonated water.

These drinks are advertised and sold on their merits as pure, wholesome, carbonated beverages that impart coolness and refreshment. No medical properties are claimed. No claim is made that Orange-Crush can replace orange juice as an antiscorbutic in infant feeding.

The "Crushes" are bottled in all principal towns and cities by one leading bottler under authority and direction of the parent company. Also they are served at fountains.

We shall be glad to furnish physicians with information regarding the "Crushes" and the methods used to insure purity and quality. All correspondence promptly answered.

The "Crushes" are guaranteed under all pure food laws, Federal and State.



NEW AND NON-OFFICIAL REMEDIES.

During April the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Armour & Company:

Suprarenalin Solution—Armour.

The Diarsenol Company:

Silver Diarsenol.

Silver Diarsenol, 0.05 Gram Ampules.

Silver Diarsenol, 0.1 Gram Ampules.

Silver Diarsenol, 0.15 Gram Ampules.

Silver Diarsenol, 0.2 Gram Ampules.

Silver Diarsenol, 0.25 Gram Ampules.

Hynson, Westcott & Dunning:

Mercurochrome—220—Soluble.

Arsphenamine-Squibb.—A brand of arsphenamine N. N. R. (see New and Non-official Remedies, 1921, p. 41). Arsphenamine-Squibb is marketed in ampules containing, respectively, 0.1 Gm., 0.2 Gm., 0.3 Gm., 0.4 Gm., 0.5 Gm., 0.6 Gm. Arsphenamine. E. R. Squibb & Sons, New York.

Neoarsphenamine-Squibb.—A brand of neoarsphenamine N. N. R. (see New and Non-official Remedies, 1921, p. 45). Neoarsphenamine-Squibb is marketed in ampules containing, respectively, 0.15 Gm., 0.3 Gm., 0.45 Gm., 0.75 Gm., 0.9 Gm. Neoarsphenamine.

Sodium Arsphenamine-Squibb.—A brand of sodium arsphenamine N. N. R. (see New and Non-official Remedies, 1921, p. 48). Sodium arsphenamine-Squibb is marketed in ampules containing, respectively, 0.15 Gm., 0.3 Gm., 0.45 Gm., 0.6 Gm., 0.75 Gm., 0.9 Gm. sodium arsphenamine. E. R. Squibb & Sons, New York. (*Journal A. M. A.*, April 9, p. 1007.)

SHARPE'S BRAIN INJURIES

WITH AND WITHOUT A FRACTURE OF THE SKULL. THEIR DIAGNOSIS AND TREATMENT FEATURES OF THE BOOK.

- 1. Largest number of personal cases of brain injuries ever reported—over 1000 patients.
- 2. The diagnosis and treatment of acute and chronic hrain injuries in newborn babies, children and adults are given in detail in over 100 illustrative cases; the discussion at the end of each case-history emphasizes the essential points.
- 3. The method and the importance of estimating accurately the intracranial pressures of these patients are fully described and discussed.
- 4. The comparative unimportance of the fracture of the skull (unless depressed fractures of the vault) in the diagnosis, treatment and prognosis of these patients is emphasized; the presence of a fracture frequently facilitates the recovery of life by this added means of drainage of the intracranial hemorrhage.
- 5. The expectant palliative method of treatment is sufficient for two-thirds of these patients, whereas the operative method of treatment is necessary in only one-third, depending upon the height of the increased inter-cranial pressure.
- 6. By this method of treatment, the average mortality of 50% in patients with brain injuries has been reduced to 27% in this series of all cases, with and without operation.
- 7. Each patient has been followed from the time of the brain injury to his present condition or to his death.

- S. An autopsy was performed upon each patient (private and ward) who died following a cranial injury, and the findings are recorded; errors of diagnosis and of treatment are thus disclosed and fully discussed at the end of each case-history.
- 9. The technique of the operation of subtemporal decompression and drainage is described in detail and fully illustrated; moving pictures show clearly the various stages of the operation.
- 10. Brain injuries in newborn babies and children—both the acute and the chronic cases, with special reference to the condition of cerebral spastic paralysis due to an intracranial hemorrhage at the time of birth; the differential diagnosis and the appropriate treatment.
- 11. The common conditions of post-traumatic neurosis and neurasthenia, especially in regard to lawsuits, are also discussed in detail and illustrative cases are reported; the differential diagnosis is emphasized.

BY WILLIAM SHARPE, M. D.

Professor of Neurologic Surgery, New York Polyclinic Medical School and Hospital; Consulting Neurologic Surgeon, Manhattan Eye and Ear Hospital, Hospital for Ruptured and Crippled, Beth Israel Hospital, etc., New York City.

232 Illustrations. 737 Pages. Price, \$8.00

J. B. LIPPINCOTT COMPANY

LONDON: Since 1875 16 St. John St., Adelphi, W. C. 2 PHILADELPHIA: Since 1792 East Washington Square MONTREAL: Since 1894 Unity Building

PERSONAL NEWS AND NOTES.

- Dr. W. L. Cousens, who suffered a shock some three weeks ago, is gradually improving.
- Dr. Royce Josselyn, Portland, has recently returned from New York, where he has taken post-graduate work, and will limit his practice to dermatology and syphology.
- Dr. E. E. Holt has returned from Southern Pines, where he spent the winter months.
 - Dr. Geo. O. Cummings is convalescing from a recent operation.
- Dr. Frank Y. Gilbert has recovered sufficiently from a prolonged illness to resume his practice.
- Dr. John Allen, Portland, is enjoying a much-needed rest, and will resume his practice the first of June.
- Dr. Spalding takes this method of thanking the many medical friends who sent sympathetic messages to him at the time of the death of his wife, April 28th.

Boralol

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE
NON-TOXIC COOLING ECONOMICAL
TO BE DISSOLVED IN WATER
This Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions.
As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.
The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best results are obtained by dissolving in hot water.

Ask for Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

AN OPPORTUNITY

Is Offered Physicians to Clinically Test the Efficiency of

BENZYI BENZOATE

Prompt Antispasmodic Smooth Muscular Tissue

Upon request, we will send physicians condensed literature and specimens of benzyl benzoate preparations with our compliments

Hynson, Westcott & Dunning BALTIMORE

LANGTON RX OPTICAL

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

C. A. L. Langton

Manufacturing Optician 419 Boylston St. Boston, Mass.





Diet Materials

WHAT IS THE "BEST" FOOD FOR THE INFANT?

 $\ensuremath{\mathtt{MEAD'S}}$ DEXTRI-MALTOSE, cow's milk and water is suitable for most Babies.

There are times ; when a temporary feeding of Barley Flour gruel is needed –MEAD'S BARLEY FLOUR (sterilized).

Flour Ball diluents meet the requirements of certain indications -MEAD'S CEREA.

Arrowroot has its usefulness-MEAD'S ARROWROOT FLOUR.

Malt Soup gives gratifying results in feeding Marasmic BabiesMEAD'S DRY MALT SOUP.

Mead's Infant Diet Materials for Individual Feeding.

THE MEAD JOHNSON POLICY

Mead's Infant Diet Materials are advertised only to the medical profession. No feeding directions accompany trade packages. Information regarding their use reaches the mother only by written instructions from her doctor on his own private prescription blank.

Literature and samples on request.

MEAD JOHNSON & COMPANY INDIANA, U.S.A.

Oculists Prescription Work

THE SMITH-SOMES CO.

OPTICIANS

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$25.00, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon



Positively Sterile Without Added Preservatives

ABBOTT'S

PITUITARY SOLUTION

Made From Fresh Glands

Physiologically Standardized to a Definite, always Uniform Potency FOR OBSTETRICAL AND SUR-GICAL USES—

Try this valuable stimulant of uterine contractions in labor. With many it has superseded other remedies in shock and cardiac failure. Supplied in boxes of 6 mil ampules.

20% (full strength)....\$1.58, net per box 10% (half strength)....1.13, net per box

Also in bulk containers and oral solutions.

Send for Literature on this and other Council-Passed Specialties such as Chlorazene, Barbital, Cinchophen, Acriflavine, Parresine, Digipoten, Benzyl Benzoate, etc.

SEND FOR PRICE LIST AND ASK YOUR DRUGGIST TO STOCK THE ABBOTT LEADERS

THE ABBOTT LABORATORIES, Dept. 38, CHICAGO SAN FRANCISCO TORONTO

Pituitary Liquid

is the perfect preparation of Posterior Pituitary active principle. It, too, is without preservatives—1-2 c. c. obstetrical, 1 c. c. surgical.

Corpus Luteum

(Armour)

is true substance and will give results. Powder 2 and 5 gr. capsules and 2 and 5 gr. tablets.

Surgical Catgut Ligatures

Plain and chromic, regular (60 inch) ermergency (20 inch) lodized (60 inch)

Strong and sterile.



An Incomparable Product

The Suprarenalin preparations are now available.

Suprarenalin Powder - - 1 grain vials Suprarenalin Solution.1:1000 - 1 oz. botls. Suprarenalin Ointment, 1:1000 - tubes

Suprarenalin designates the astringent, hemostatic and pressor principle of the Suprarenal Gland as isolated by the Armour chemists.

Suprarenalin Solution is the incomparable preparation of the kind. It is water-white, stable and non-irritating and is entirely free from chemical preservatives.

Suprarenalin Ointment is bland and its effects very lasting.

ARMOUR COMPANY

NOV 20 1930

Maine Medical Association meets at Bangor, June 28-29, 1923 B.

THE JOURNAL



Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI. No. 11.

JUNE, 1921.

\$2.00 per year

Carminzym—Benefits Derived

- 1. Relief, almost immediate, from the often intense distress of acid, flatulent indigestion.
- 2. Comfort, gratefully, gradually developing—cheering and heartening the patient.

In many chronic cases Carminzym is distinctly beneficial, helpful in the indicated systematic treatment. The physician first prescribed Carminzym because of its promise, continues to prescribe it because of its service.

Fairchild Bros. & Foster
New York

THE

MAINE MEDICAL ASSOCIATION.

OFFICERS.

President—T. E. Hardy, Waterville 1st Vice-Pres.—G. R. Campbell, Augusta.

2nd Vice-Pres.—James McFadyen, Milo. Sec. and Treas.—B. I₄. Bryant, Bangor.

BOARD OF COUNCILORS.

First District, Second District,	J. F. Thompson, Portland, E. V. Call, Lewiston,	Term	expire	s 1921.
Third District,	W. E. Kersliner, Bath,	4.6	4.4	1923.
Fourth District,	F. H. Badger, Winthrop,	6.6	6.6	"
Fifth District,	Lewis Hodgkins, Ellsworth,	6.6	4.6	1922.
Sixth District,	C. H. Burgess. Bangor,	4.4	4.6	6.6

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin, Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Oxford, Penobscot, Piscataquis, Sagadahoc, Somerset, Waldo, Washington, York,	S. I., Andrews, Lewiston, P. E. Gilbert, Ashland, N. M. Marshall, Portland, A. J. Nichols, Farmington, A. H. Parcher, Ellsworth, Geo. A. Coombs, Augusta, J. G. Hutchins, Camden, D. M. Stewart, So. Paris, Jarvis B. Woods, Bangor, James McFadyen, Milo, L. T. Snipe, Bath, H. W. Smith, Norridgewock, Elmer Small, Belfast, A. R. Harmon, Lubec, Paul S. Hill. Saco,	L. J. Dumont, Lewiston. F. E. Bennett, Presque Isle. E. E. Holt, Jr., Portland. G. L. Pratt, Farmington. Geo. A. Neal, Southwest Harbor. R. H. Stubbs, Augusta. H. W. Frohock, Rockland. W. T. Rowe, Rumford. H. D. McNeil, Bangor. C. N. Stanhope, Dover. R. C. Hannigen, Bath. C. E. Richardson, Skowhegan. Carl H. Stevens, Belfast. H. B. Mason, Calais. A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles—	Miscellaneous-		
The Type of Operation in Appendicitis	27 Necrology		
Lymphatic Leukaemia—A Report of Two Cases	Notes 353		
Meeting Maine Medical Association 33	Correspondence 356		

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St..

Portland, Me.

TELEPHONE NUMBER 82440

LIP-READING

MULLER-WALLE METHOD

For the Hard-of-Hearing and Deaf Adult

Private and Class Instruction

SPEECH DEFECTS CORRECTED

FOR PARTICULARS, ADDRESS

MISS MARGARET J. WORCESTER

129 Stanley Street Montreal, Canada 65 Thomas Street Portland, Maine



Dr. Leighton's Hospital

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Telephones | 1318 | 1406 Portland, Maine

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address:

For Particulars and Rates write to FRANCIS J. WELCH, M.D.

698 CONGRESS STREET

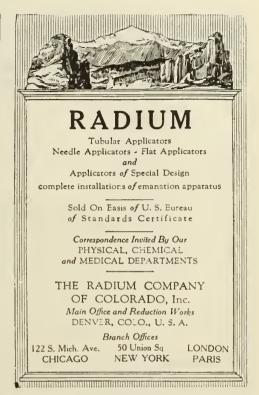
EAST PARSONSFIELD, MAINE



DEPENDABILITY—

As applied to our Laboratory, dependabilty means

- Absolute accuracy in the analysis of all specimens.
- —Promptness in the forwarding of reports.
- Fees that are reasonable, yet consistent with careful work.



ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

- Editor.



INTESTINAL INFECTIONS

ALCREOSE is an ideal intestinal antiseptic. It is useful in cases of intestinal sepsis, either primary or secondary.

CREOSOTE is one of the few drugs which appear to have a just claim to be useful as intestinal antiseptics, but it impairs the appetite and disturbs digestion, besides causing gastric distress.

CALCREOSE is free from these objections, even when taken in comparatively large dosesas high as 160 grains per day-for long periods of time.

Write for literature and samples

THE MALTBIE CHEMICAL COMPANY.

Newark, N. J.



The STORM ABDOMINAL SUPPORTER

Adapted to Use of Men, Women and Children and Babies FOR HIGH AND LOW OPERATIONS, PTOSES, HERNIA, OBESITY, PREG-NANCY, FLOATING KIDNEY, RELAXED SACRO-ILIAC ARTICULATIONS. &c.





Special Kidney Belt

No Rubber Elastic

Inguinal Hernia Modification Washable as Underwear

Send for new folder and testimonials of physicians. General mail orders filled at Philadelphia only—within twenty-four hours

No Whalebones

KATHERINE L. STORM, M. D., 1701 Diamond St., PHILADELPHIA



X-Rays *and*The General Practitioner

MOST of the instruments used in general practice have been devised by physicians and surgeons. X-Ray apparatus, on the other hand, has been developed by physicists and engineers, in collaboration with the profession.

Perhaps for this reason the general practitioner, although fully realizing the powerful aid that the X-ray lends in diagnosis and therapeutics, nevertheless feels that he must be something of a physicist, something of an engineer, to apply the X-ray in his practice.

The truth is that with proper technical guidance any general practitioner can learn how to operate an X-ray apparatus.

The Victor X-Ray Corporation long ago adopted the policy of placing its technical facilities and wide experience at the disposal of physicians and surgeons. It will gladly send a technically informed representative to a practitioner who wishes to apply the X-ray in his own practice but who finds it difficult to decide upon the type of machine that should be adopted.

This is but part of Victor Service. After a Victor machine is installed the nearest Victor Service Station may be called upon when it needs attention. Compare this wit! the system which involves extensive correspondence with a distant factory, the sending of some local electrician, unfamiliar with X-ray apparatus, to make repairs, and perhaps the shipping of the entire machine to the factory after failure. The man sent by the nearest Victor Service Station is an expert. He is trained to locate the source of trouble quickly. Moreover, the physician who owns Victor equipment may always call upon the nearest Victor Service Station for mechanical and electrical guidance, so that he may be sure of his results.

Victor Service also includes the publication of a periodical called "Service Suggestions," in which X-ray progress is recorded. Although published primarily for the benefit of Victor clients it will be sent to physicians who wish to learn of the advances that are made from time to time in radiography. There is no charge for "Service Suggestions."

Victor X-Ray Corporation

General Offices and Factory

Jackson Blvd. at Robey St.

Chicago

Territorial Sales Distributors

F. H. Saxby & Weston Oyler
711 Boylston St., - Boston, Mass.

Adhering to the Obligation

NO one can review the development of modern therapeutics without being profoundly impressed with the importance of the discovery and isolation of Adrenalin.

We are proud of the policy and the enterprise which have made this achievement possible. And, as the logical purveyors to the medical profession of the only natural Adrenalin, we have not been unmindful of the responsibility so great a privilege entails.

For a score of years the unvarying quality of the product has given eloquent evidence of our adherence to that obligation.

And this explains why physicians all over the world find in the use of Adrenalin, the original product, such a peculiar sense of satisfaction. They are firm in their conviction, gained by repeated experience, that the medicament they have chosen will act quickly and surely and with unfailing uniformity.

Parke, Davis & Company



THE JOURNAL

OF THE

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

Vol. XI.

JUNE, 1921.

No. 11

THE TYPE OF OPERATION IN APPENDICITIS.

By EDWARD H. RISLEY, Waterville, Me.

Appendicitis is now a disease with which even the layman has become sufficiently familiar to recognize its symptoms of onset and in many cases to make the diagnosis himself. He, as well as the physician, recognizes that the only safety lies in early diagnosis and early operation and that in the majority of cases a cure is effected through these means. There occur, however, certain obscure cases in which an early differential diagnosis cannot be readily made, and even the surgeon hesitates at first to open the abdomen under the existing uncertainty, and a ruptured pus case may result. I should like to discuss briefly, not diagnosis or treatment, but rather the technic of the operative procedure, for it is believed that there exist certain principles in handling these cases, not generally appreciated, but which, if adhered to, have a great influence in bringing about a favorable outcome.

In any discussion of this kind, one must of necessity divide cases into chronic and acute.

1. The internal operation in the chronic case.

The days of the quarter-inch incision are over. With increased assurance of absolute sterility of hands, gloves, instruments and operative field now accomplished—not through strong antiseptics which injure tissue, but by the thorough soap and water scrub—the value of the

generous abdominal incision, ample enough for thorough exploration of all the possibly involved organs, has been well established. The proper incision in the chronic case is that which shall bring the surgeon down directly on the area most strongly suspected of being the seat of trouble.

In the male, this is usually a high appendix incision, which shall allow also of the adequate exploration of the gall bladder, right kidney, and pyloric regions, any one of which organs may be the real cause of trouble in a doubtful case, in which symptoms or signs have not pointed definitely to the appendix as the offending organ. The incision should be at least three inches—better four inches—long, a mid- or so-called para-rectus-muscle-retracting, not muscle-splitting, incision with careful avoidance of the blood and nerve supply to the posterior rectus sheath. The McBurnie incision is no longer justifiable in any at all doubtful cases, as it cannot be properly enlarged to admit of adequate inspection or exploration or even the removal of a difficult appendix.

In the female, one would prefer the right rectus incision, but the liability of complicating involvement of the pelvic organs is so great in some cases that the operator feels himself called upon to choose the mid-line incision instead, and, with proper retraction, adequate exploration can generally be made. Our only caution should be that in dealing with the lesions about the cecum, undue traction should not be made upon that organ in order to do a perhaps difficult appendectomy. Post-operation ileus and the formation of adhesions often result from such trauma accompanying our efforts through a mid-line incision. Of course definitely right-sided pelvic lesions can generally be handled through an ample right rectus incision, but when in doubt one would probably wisely choose the mid-line rather than the rectus incision in the female.

2. It is of the exact technic in the acute case that I wish particularly to speak, for it seems to me that many of our pus cases that should, but do not, do well, fail to make the smooth convalescence that we hope for because we overlook certain rather minute but nevertheless important points in the way we perform our operation.

In looking over my own series of acute cases and carefully analyzing technic and results, comparing unsatisfactory convalescence with possible faults in technic, I feel sure that the cases that did not run smoothly were those in which, in my desire to get the offending organ out of the way as quickly as possible, I did not carry out certain cardinal principles which I believe are essential to the best results.

Safety of operative procedure is, as a rule, followed by good afterresults.

In early acute cases, before rupture or peritonitis has occurred, the routine appendectomy, with or without drainage, according to the stage of the process, the condition of the peritoneum and the presence of clear or cloudy fluid is generally followed by a speedy recovery. But after the first forty-eight hours of an acute process nature starts to head off the infectious material from the general peritoneal cavity by the formation of protective adhesions. This effort of nature should be the keynote of our operative procedure, and the whole effort of the surgeon should be to assist nature by careful avoidance of the breaking up of these protective adhesions, instead of ruthlessly tearing them apart in order to dig out a firmly adherent appendix. The less we interfere with this protective walling-off process of nature, the surer we are to get a smooth convalescence and an eventual good result. Too much emphasis cannot be laid on this all-important point. If we rudely break up these adhesions to find a hidden retro-cecal appendix, we are putting our patient in jeopardy from spreading infection, and also paying the way for a possible future intestinal obstruction.

The surgeon's object, of course, is the removal of the appendix and the adequate drainage of the infected cavity. This would be comparatively easy if the appendix had a normal constant position and could be cut down upon with exactness. But the appendix really has no normal situation; its tip may swing in any direction and be attached to almost any abdominal organ, and may be most difficult to locate and much damage may be done in the attempt. The cecum and the base of the appendix, however, occupy a fairly constant position. The base is always at a fixed point on the cecum; on its inner and inferior surface .2-3 c. m. below the ileo-cecal valve, exactly at the meeting point of the three muscular bands of the large intestine, and here can always be located.

The technic which we have followed for several years, and which has given us a consecutive series of sixty-seven acute cases without a death, has been based on absolute non-interference with adhesions and the principle of first hunting for the base, instead of the tip, of the appendix. The base, as a rule, is quickly and rapidly found without the breaking up of adhesions, while the tip may be impossible to locate at first without much breaking down of the walling-off process and with imminent danger of spreading the infection. It is a good rule to keep away from the general peritoneal cavity, not to stuff protective walling-off gauze from the infected area into the surrounding uncontaminated area, as is almost universally done, and as most of us were taught to do even by the masters of surgery of older days, but to work in the open.

so to speak, letting one's sight rather than one's sense of touch be one's guide as to just exactly what one is doing.

Soresi has expressed the thing very clearly when he divides the right lower quadrant into two zones which are called "safety-land" and "danger-land". "Safety-land" includes the external two-thirds of the cecum with the base of the appendix; "danger-land" includes the inner third of the cecum and the general peritoneal cavity. Therefore, in cutting down on the cecum, we avoid the inner edge of the peritoneum where adhesions are to be found, we retract the outer edge of the wound strongly to give the necessary room, the cecum itself may then be lifted up gently with a rubber covered sponge holder, and the base of the appendix safely and easily located and freed of its immediate adhesions by the use of sharp instrument dissection, without danger.

The stump or base may then be treated in one of three ways: (a) tying alone, (b) tying and inversion with purse-string suture, or (c) inversion alone with purse-string without previously tying, according to the preference of the operator. Personally, we believe that inversion of the stump is necessary to avoid possible future adhesion to the raw surface, or possible peritonitis, or fecal fistula from slipping of the tie. Theoretically, simple inversion without tying should avoid the possibility of a small residual abscess at the site of the inverted stump, but practically I do not believe this ever happens to such an extent as to be a factor of danger. The technic of inversion without previously tying is somewhat more difficult, and if great care is not taken, intestinal contents may be accidentally spilled in the effort to sink the stump while tying the purse-string sutures.

Now, having taken care of the stump, one is in a position, for the first time, to follow up and dissect out the tip. If the proximal end is tied and the tie held as a tractor—or, better, grasped over a piece of gauze with a pair of Alles forceps—the tip may then be carefully dissected out from its bed of recent or old adhesions, snapping and tying as one goes, with practically no danger of breaking down protective adhesions, if one keeps close to the appendix and sees each step as he progresses. No other organs are disturbed by this process and surrounding coils of tightly glued intestine not even dislodged or disturbed, because we are working in and from the safety zone toward, and not in, the danger zone.

If, on the other hand, one goes for the tip first, he must of necessity break up surrounding adhesions and he may soon come upon the point of perforation and find the appendix broken or sloughed off and then be unable to dig out the base from the mass of adhesions lying

between the perforation and the cecum without greatly endangering the patient. But if he gets the base first, and then fails to get the last half-inch of the tip, little harm will be done by leaving this part of the organ in, as it will either slough off and be drained out or atrophy, and no longer be a source of danger. This is true of the tip, but would practically never be true of the base, which, if unlocated, would be a source of grave danger.

Now, after we have removed the appendix with the minimum amount of disturbance of adhesions, the future process of our case rests entirely with the kind of drainage we use. The old method of draining by rubber tubes through the laparatomy wound is now little used except in a few cases. This is so because it is drainage which does not actually drain. A rubber tube never drains uphill unless the well of pus or fluid overflows; in other words, you can't drain an iron pot through a drain put in at the top. The cigarette drain also soon becomes occluded at the base with fibre, slough and pus cells, and only drains by overflow between the different wicks. With these drains arranged in an uphill manner, we get the minimum rather than the maximum amount of drainage, and our patient is meanwhile getting the maximum amount of toxic absorption from the pool of pus in his cavity.

Drainage, to be effective, must be along the lines of gravity, and the most effective means to accomplish this is through a stab wound in the most dependent part of the right lower quadrant. This allows in most cases of the immediate closure of the original wound, with superficial rubber tissue drainage only, which avoids the danger of wound infection and the subsequent development of hernia in the scar. In the female, with pelvic involvement, drainage may be carried out through the vagina, or in the male through a puncture in the rectal wall.

It is a wise surgeon who makes frequent rectal examinations in all pus cases, for by so doing he detects early and can drain from below any collection of pus in the pelvis. In certain cases it has been found advisable, when there is a large amount of pus in the pelvis as determined by rectal examination, to drain the pelvis first and then do the abdominal operation immediately after, thus getting rid of the large accumulation of pus and effecting more effectual drainage, and correspondingly reducing the amount of toxic absorption.

Some surgeons advocate the use of gauze dipped in melted paraffin as the ideal drainage material, and it is believed that this *does* approach the ideal, but actually the dependent gravity drainage with cigarette wicks is generally entirely efficient.

The shutting off of the drainage tract by contraction of the muscles

about the stab wound can be counteracted by bringing the drain out through a stiff rubber tube which goes only through the skin, fascia and muscles, but not actually into the abdominal cavity. If, however, the stab wound is large enough and is thoroughly stretched at the onset, this precaution is not generally needed.

A firm abdominal swathe and the patient lying on the right side during the first twenty-four to forty-eight hours after operation favors proper drainage much more than the old flat on the back or even semisitting posture.

Sub-pectoral use of large amounts of salt solution and rectal seepage with soda bicarbonate and 5 per cent glucose solution are almost indispensable in the most toxic cases.

To summarize, the points which it is desired to emphasize are the following:

- 1. In the chronic case a right rectus muscle-retracting incision ample enough for adequate exploration of surrounding organs.
- 2. In the acute case a similar generous incision, the surgeon working from the outer edge of the wound in the safety zone, and not from the inner or danger zone. Absolute avoidance of breaking up of protective adhesions and the discarding of walling-off gauze pushed from the infected to the non-infected area.
- 3. Locate and amputate the appendix at its base first, bury the stump. Get the tip next by sharp incision, and avoid breaking down protective adhesions.
- 4. Drain by dependent stab-wound, gravity, and not uphill drainage.

LYMPHATIC LEUKAEMIA-A REPORT OF TWO CASES.

By Mortimer Warren, M. D., Portland, Me.

I have recently seen two cases which show the extreme variation in the number of circulating leucocytes which can occur in lymphatic leukæmia.

Case I.—E. G., seen February 4th, 1921, through the courtesy of Dr. Stanwood Fisher, to whom the patient was referred for treatment of throat and ears. When seen, the patient was evidently anæmic and very ill. An extensive ulcerative stomatitis, gingivitis and tonsilitis was present. Smears from the areas involved contained the organisms of Vincent's angina. There was moderate enlargement of the cervical, axillary and inguinal lymph nodes. The spleen was palpable. Paracentesis had been done for purulent otitis media, double. The patient was running an irregular temperature to a maximum of 103 degrees. There were no hæmorrhages.

On February 4th the hæmoglobin was 50 per cent.: the red blood cells 1,764,000 per c.m.m.; the leucocytes 600 per c.m.m.; the platelets 130,000 per c.m.m. On the following day the leucocytes were 2,000 per c.m.m.

On February 8th the patient returned to his home against advice. I am indebted to Dr. Frank Horne of Conway, N. H., for smears of blood sent to me February 18th. These smears showed an increase in leucocytes, in apparent number some 20,000 per c.m.m. A differential count resulted as follows: Polymorphonuclear neutrophiles 0.8 per cent.; polymorphonuclear eosinophiles 0.4 per cent.; lymphocytes 98.8 per cent. In counting 500 leucocytes, 5 normoblasts were seen. Ninety per cent, of the lymphocytes were larger than normal; about 3 per cent. of these had azur granules. The distribution of leucocytes in this examination was paralleled in the examinations of February 4th and 5th.

The patient died during the latter part of February: total duration of illness, two months.

Case H.-L., seen on March 20, 1921, with Dr. N. B. Dresser, Berlin, N. H., a girl of fifteen years. There was a history of indefinite illness for several months without medical attention. For the past two weeks the child had been kept indoors, on the supposition she was suffering from mumps. Dr. Dresser was called March 19th, on account of the onset of bleeding from the mouth and intestinal tract. He made the diagnosis of leukæmia.

I saw the patient shortly before death. There was no ulceration of the mouth. The teeth showed signs of recent bleeding. The cervical and axillary lymph nodes were moderately enlarged. The spleen was much enlarged, reaching the breadth of four fingers below the costal margin. There were several purpuric spots in the skin.

The hæmoglobin was 40 per cent.; the red blood cells 1,408,000; the leucocytes 1,216,000 per c.m.m. Of the leucocytes 98.6 per cent. were lymphocytes, 0.4 per cent. myelocytes, 1 per cent. polymorphonuclear neutrophiles. Five normoblasts were observed in counting 500 leucocytes. The cells were in great part the usual small lymphocytes.

Diagnosis, Case I.—Aleukocythæmic leukæmia, acute, lymphatic or aleukæmic lymphadenosis, acute; differentiated from aplastic anæmia by the absence of hæmorrhage (the presence of bleeding would of course in no way invalidate the diagnosis of leukæmia); by the presence of a fair number of platelets and nucleated red blood cells.

Diagnosis, Case II.—Lymphatic leukæmia, chronic; terminal stage. Both cases belong to the lymphatic group. The predominating or type cells were lymphocytes morphologically and did not give the oxydase reaction.

Discussion.—The blood picture in Case I might be simulated by that of a case of chronic leukæmia under intensive benzol or X-ray treatment. The presence of normoblasts would tend to rule out such a condition, since these agents act as well on hæmatopoietic tissue. The count of 600 leucocytes is an extreme finding, possibly in part the influence of the coincident otitis media on the circulating cells. The high count in Case II is remarkable for this type of leukæmia, particularly just before death when one would hardly expect to find an excessive outpouring of cells. I have not seen so high a count recorded in lymphatic leukæmia in a search of the literature at hand.

The prognosis of any type of leukæmia is absolutely bad so far as eventual recovery is concerned. It is well to bear in mind, however, there are self-limited manifestations of lymphoid and myeloid reactions which mask true leukæmia in all respects except the toxæmia is not so severe and the blood changes are quantitatively less marked. Certain cases of Vincent's angina are accompanied by the appearance of mononuclears in the blood and thus suggest a leukæmoid state. It is important, therefore, to make a careful study of cases showing these changes from normal in order to avoid a faulty prognosis.

Summary.—Two cases of leukæmia are briefly described. They are both of the lymphatic type—the one acute, with marked aleukocythæmia; the other chronic, with marked terminal leukocythæmia.

MEETING OF MAINE MEDICAL ASSOCIATION.

BANGOR, June 27-29, 1921.

PRECESSIONAL COMMITTEE REPORTS.

These reports will come up for action in House of Delegates without being read. It is important that members should read them in advance.

SECRETARY'S REPORT.

This has been a busy year for the officers of the Association and one of increased activity in the work of the county societies. There has been a greater interest in the affairs of the Association. More meetings have been held, with better attendance, and a very satisfactory increase in membership. Very much depends upon the activity of the County Secretary in keeping in touch with the members and the interest in the programs he furnishes.

The Secretary this year has felt that better work could be done for the Association if he could get into closer touch with the men in the county societies, so he has endeavored to visit as many as possible and has succeded in meeting with eleven out of fifteen at one of their regular meetings. These meetings have been very interesting, to the Secretary, at least, as he has been able to meet many of the physicians all over the State and has become acquainted with many of the individual problems of the different county organizations.

Two meetings of County Secretaries and Councilors were held this year, with very good attendance, one in Bangor in the fall and the other in Portland the first of this year. These places were chosen to accommodate the men in the different parts of the State, that all might attend at least one meeting. The meeting in Bangor was devoted almost entirely to problems of organization and in discussing plans for the increase of membership and the regular routine work. The Scientific Committee met at the same time and outlined the program for the annual meeting. The meeting in Portland was given almost entirely to ascertaining the sentiment of the different counties, and their attitude towards the continuation of the Medical School. This matter was freely discussed from all sides and was of great assistance in the after work of the committee.

This year the Council has been more active. The majority attended the Secretary meetings and one meeting in Waterville. Good work has been done in visiting and helping in the rejuvenation of some of the local societies. I am still of the opinion that we should keep in

mind the great value the work of a full-time Secretary could be to the Association. There is plenty of work for such a man of the right sort to do. He would edit the JOURNAL, look after medical defense, assist the officers of county societies with their programs, and be a frequent visitor at the local meetings. He would keep in touch with the work of other State associations and recommend for adoption the best and most successful methods they were using. He would be able to place physicians in the State where they were most needed and would be most successful, and would be able to have an oversight of the best interests of the whole profession.

Along the same lines I am convinced that the officers of the American Medical Association are not in as close touch as they should be with the physicians of States of large rural populations. Its officers and committees are made up, for the most part, of city men, who know very little of the needs of the country physician. There should be a Traveling Secretary, preferably a man who has had large experience as a full-time Secretary of a State organization. His duties would be to attend as many of the State meetings as possible each year, meet with their delegates and report to Chicago the needs of each State association. We shall have with us, as our guest this year at Bangor, the President of the A. M. A., Dr. Hubert Work. I hope we may be able to convince him that our Association out here on the eastern horizon is looking for more attention and help and a better understanding from the national Association of our local conditions.

MEMBERSHIP BY COUNTIES.
Reported June 1st, 1921—Dues paid.

	1921	1920
Androscoggin,	65	54
Aroostook.	44	48
Cumberland,	198	163
Franklin,	16	13
Hancock,	28	54
Kennebec.	43	61
Knox,	25	55
Oxford,	32	33
Penobscot,	89	17
Piscataquis.	18	19
Sagadahoc,	15	14
Somerset,	26	15

Waldo,	12	9
Washington,	33	33
York,	63	56
Paying direct,	10	14
Total,	717	655

A very satisfactory increase of sixty-five members over last year. I should expect at least twenty members in addition, not yet reported in, mostly from Kennebec County.

MEDICAL DEFENSE.

Within one month after the defense act was passed by your last meeting, your President and Secretary had retained as counsel for the Association the firm of Pattangall & Locke, of Augusta. The necessary blanks were printed and everything ready for business. A month later we spent a day in Waterville, going over a pending suit and in consultation with counsel in regard to methods of procedure in future cases.

Five applications have been made for defense. Of these three are covered by insurance, and our efforts have been confined to giving what assistance we could to the counsel of the insurance company and interviewing physicians connected with the cases. Only one suit has originated since the act went into effect. But both your President and Secretary felt that we should give help to all our members, regardless of time. One case was investigated personally by the Secretary in the western part of the State and the physicians interviewed. This suit has been put over several terms of court and has not vet come to trial. The President and counsel, together with the Councilor of that district, spent a day in going over a pending suit, the only one originating since the passage of the act. So well was the work done that there are grave doubts if the case ever comes to trial. It will probably be dropped for lack of evidence. Two other members have applied on receipt of letters from attorneys. These were referred to our attorneys, and as yet no action has been brought. In both cases we doubt liability. Counsel for insurance companies have consulted us in three cases. One was settled against advice and two still pending. The Secretary has visited the majority of the societies, speaking in the interest of defense, explaining and helping whenever he has been asked.

Already we are beginning to get results. Physicians are more guarded with dissatisfied patients coming from other physicians. Attorneys complain that it is almost impossible to get medical witnesses to appear against another physician.

It is our understanding that the cost of liability insurance is to be greatly increased—the premium by club plan to forty dollars and individual to seventy-five dollars a year. The reason given by insurance companies is the increasing number of suits brought and the increased cost of defense. Personally I have doubts if this is true in this State. I think the matter should be closely investigated by our Association and the possibilities of mutual insurance be looked into and discussed. While I should not recommend it at present without more exhaustive investigation, it might be possible, if every member should pay as dues twenty-five dollars a year, the old individual rate, to be able to pay all costs of defense and damages and including the salary of a full-time Secretary. At the present time I have no knowledge of how many of our members are carrying liability insurance, and a careful survey should be made in the near future.

THE MEDICAL SCHOOL.

At the last meeting in Augusta it was voted that the Association favored the continuation of the Medical School if it could be kept as a Class A school. A committee was appointed, with the Secretary as chairman, to take the matter in charge.

At a meeting of the Trustees of Bowdoin College, it was voted to close the school in June unless funds could be obtained before that time to continue it as a Class A school.

A meeting of the faculty of the school was called, and they voted to appeal to the legislature to take over the charter from the college and appropriate sufficient funds to establish a State Medical School. A committee was appointed to carry out this resolve.

Following the action of these two bodies, a meeting of the Council, together with your committee and those interested, was called by the President at Waterville to take the matter under consideration. It was again voted that the Association would do all it could to help maintain a Class A school. The President was chosen to take charge, with the assistance of the Secretary. Three trips were made to Portland and two to Augusta. The first meeting in Portland was held in conjunction with that of the Secretaries and Council, where the situation was discussed at length. It developed that there was a considerable difference of opinion as to the necessary expense of conducting a Class A school. Various estimates were obtained from Dr. Colwell, the Secretary of the Council of Medical Education of the A. M. A., also a personal interview with our President in Chicago. At a second meeting an agreement was made on a sum seemingly satisfactory to all parties

concerned. A few days later we again went to Portland to meet a committee of the Trustees of the Maine General Hospital, to see what arrangement could be made to guarantee clinical beds in a teaching hospital, in connection with the Medical School. At a later meeting of the Trustees it was voted to grant the same degree of affiliation and clinical opportunities as those existing between Harvard and the Peter Bent Brigham Hospital.

A bill was introduced in the Legislature calling for a sum much less than would have been necessary to continue the school in Class A, and for less than half the amount we had previously agreed upon. A very active opposition developed. We spent one day in Augusta, but found very little could be done. We also appeared at the hearing before the Legislative Committee. The bill passed both houses, but was vetoed by the Governor. As officers of the Association, we endeavored to support no factions, but consistently worked as instructed for a sum appropriate to guarantee a Class A medical school for the State of Maine.

BERTRAM L. BRYANT,

Secretary.

TREASURER'S REPORT.

For the year ending June 1st, 1921.

Cash on hand June 1st, 1920,	\$5,139,87
Cash received from dues, 1921,	3,030,00
Interest on deposits,	59,61
Total receipts,	\$8,229.48
Bills paid,	1,555.15
Cash on deposit,	\$6,674.33

BERTRAM L. BRYANT,

Treasurer.

HOUSE OF DELEGATES.

The next meeting of the House of Delegates and Council will be held at the Chamber of Commerce Rooms, 42 Main St., Bangor, Monday evening, June 27th, at 8 P. M. (daylight saving time). Every county society should see that all their delegates are present at that meeting if they desire a voice in the most important business of the Association.

The following are the delegates authorized to take part in this meeting as reported by the County Secretaries:

Androscoggin—H. E. Webber, Lewiston; A. W. Plummer, Lisbon Falls; H. W. Barcelon, Lewiston.

Aroostook—F. W. Mitchell, Houlton; P. G. Gilbert, Ashland.

Cumberland—F. Y. Gilbert, Portland; F. N. Whittier, Brunswick; R. B. Moore, Portland; E. E. Holt, Jr., Portland; E. S. Cummings, Portland; C. B. Sylvester, Portland; L. H. Poor, Webbs' Mills; M. C. Webber, Portland.

Franklin—C. W. Bell, Strong.

Hancock—G. A. Neal, Southwest Harbor; C. C. Morrison, Jr., Bar Harbor, Alternate.

Kennebec—Forrest C. Tyson, Augusta; R. H. Stubbs, Augusta; F. H. Badger, Winthrop.

Knox-E. B. Silsby, Rockland.

O.rford-O. S. Pettingill, Hebron; R. R. Tibbetts, Bethel.

Penobscot—A. K. P. Smith, Bangor; C. M. Thomas, Brewer: Carl O'Brien, Bangor; Harry McNeil, Bangor.

Piscataquis—E. T. Flint, Dover; A. H. Stanhope, Dover, Alternate. Sagadahoc—W. E. Kershner, Bath,

Somerset-H. W. Smith, Skowhegan.

Waldo-E. L. Stevens, Belfast,

Washington-E. H. Bennett, Lubec; O. F. Larsen, Machias.

York—D. E. Dolloff, Biddeford; C. W. Blagdon, Sanford; C. E. Thompson, Saco.

REPORT OF COUNCILORS.

FIRST DISTRICT.

May 26, 1921.

Dear Doctor:—As Councilor, I have to report:

The county societies of this First District, namely, those of York and Cumberland, have had a profitable and prosperous year. Regular quarterly meetings have been held, at each of which has been present some prominent member of the profession from out of the State.

There have been several additions to the members of both county societies as a result of the effort to get in all the eligibles.

I hope this will be enough of a report.

Yours,

John F. Thompson.

SECOND DISTRICT.

LEWISTON, MAINE, May 19, 1921.

DR. B. L. BRYANT,

Bangor, Maine.

Dear Doctor:—Enclosed is my report as Councilor of the Second District for the year 1920 and 21.

Androscoggin County Medical Society was never in a more prosperous and helpful condition. There exists a most excellent spirit and good feeling among all the physicians toward each other.

We have a membership at present of seventy-one members, the largest ever. There have been taken in eight new members. There are quite a few yet who do not see their way to join.

During the past year we have held six meetings, with the usual interesting topics, with good discussions. Dr. Coombs, of Augusta, gave us a good lecture one meeting on "Venereal Diseases."

Your Councilor made three trips by request of the State Secretary to attend meetings called at Bangor, Portland and Waterville.

President Hardy was called here during the year to help discourage a possible malpractice suit. His work resulted favorably.

I wrote to Oxford County for a date of one of their meetings. The date which they sent I had already engaged. I wrote for another date, but got no reply. I also wrote to Franklin County, but never heard from them, so I did not visit these societies.

Yours truly,

E. V. CALL. June 1, 1921.

THIRD DISTRICT.

Dr. B. L. Bryant,

Bangor, Maine.

Dear Doctor:—Your telegram at hand upon my arrival home after taking a little time off. My report this year will be very brief indeed, as you know I was on the shelf practically until the first of the year and since then I have lacked "pep" or been lazy. I have not visited Knox County, because I was depending on the Secretary notifying me of the time of the April meeting. This he failed to do, and before I was awake to the fact the month had gone, but my present knowledge is that they are in very good and healthy condition. The Sagadahoc County Society has had three meetings, whereas the previous year they had none. As you know, we do not have the opportunity to expand except eastward, which is rendered almost impossible by the fact that during the winter months, when meetings are apt to be helpful and

interesting, none of the men from the east of the Kenebec can attend without staying over night, in fact, nearly twenty-four hours before they can get back to their patients. I might add that we have a very traternal and co-operative spirit. I assure you that if I can gain a little "pep" this summer that the affairs of the district will receive more active attention the coming year.

You may use whatever part of this letter you may think wise in your report, as it is now late and I have little time to make a formal report.

Very truly yours,

W. E. KERSHNER.

FOURTH DISTRICT.

WINTHROP, MAINE, May 22, 1921.

BERTRAM L. BRYANT, M. D.,

Bangor, Maine.

Dear Dr. Bryant:—Being new in the office of Councilor, I am not certain just what you want in the nature of a report, but will say this, that I have visited all the societies of my district since my term of office began and I believe that they are all now in a fairly flourishing condition, with an increasing membership at each successive meeting. Waldo County has shown a greater interest than for many years, having already held two meetings, and will probably get in another before the State Society meets at Bangor, and I think there is a more harmonious feeling among the members of that county than for a long time. Somerset has, however, a greater percentage of membership with reference to the whole number of physicians in the county than the other societies of the Fourth District. There is need for Kennebec to get alive this coming year and reach more of the men who are not already members.

Trusting that this brief report will meet with your approval, and that the Bangor meeting finds us all there, I am,

Very truly yours,

F. H. BADGER.

FIFTH DISTRICT.

Ellsworth, May 23, 1921.

Dear Dr. Bryant:—I attended the Bangor meeting only. I arranged to attend two of the County meetings, but was obliged to remain at home because of emergency cases, which could neither be foreseen or delegated to brother physicians. I hear, however, quite often from Washington County members, and from all reports the Society seems

in a most prosperous condition and surpassing most of the other Maine societies in its practical and didactic clinic methods.

Hoping, and expecting, to be less remiss in my duties the coming year, I remain,

Very truly yours,

Lewis Hodgkins.

SIXTH DISTRICT.

Mr. President, Gentlemen:—As Councilor from the Sixth District, I report my attendance at a meeting of the Aroostook County Society, held at Houlton, and the Piscataquis County Society, held at Milo. At both these meetings I found a very satisfactory percentage of the membership present, and heard several papers which should be published for the benefit of the profession throughout the country. The officers are all active and willing to do the work which their office demands, and the profession in general is interested in all matters pertaining to the betterment of health conditions in the localities in which they practice.

Respectfully submitted,

CHARLES H. BURGESS.

JOURNAL REPORT.

During the past year the JOURNAL staff has not only printed the transactions of the annual meeting, together with the papers, but also a fairly large amount of material of value from the county meetings. There has been better co-operation between the county secretaries and the JOURNAL, but this could be improved by making out duplicate reports of the meetings and forwarding one to the JOURNAL.

During the past two or three years there has been more or less trouble due to physicians changing their location, and they are lost on our mailing list, as the only notice we have is the returned JOURNAL. It is very important to have these names promptly reported, so that we can keep our list up to date, and so avoid unnecessary complaint.

It has been necessary to keep our issue small, owing to about 70% advance in our printing rates during the past year, which was not amply corrected in the advance of our advertising rates. With the small balance we had in June, 1920, we have been able to continue the work with the modest appropriation of \$500.00 from the State treasury, and still have a balance for the year ending June, 1921.

The question of uniting all New England state medical journals into a New England or Northwestern Medical Journal, is again under consideration. Owing to some article of incorporation of the *Boston*

Medical and Surgical Journal, there is some question as to changing its name until it has turned its one hundredth year, which will be seven years hence. The position taken by the states outside of Massachusetts is that when the proposed new journal can be had without specifying, in its name, any one state or city, as in the name suggested above, it will then receive careful consideration, as a strong New England journal will prove of value to the members of all societies, providing the cost is not too great.

The Maine Journal has completed eleven years this June, and represents considerable hard work on the part of those identified with the work. With the exception of two years, no salaries have been paid. The work has represented an effort on the part of those identified with the Journal staff to give the individual members of the State Association a better value for his dues. Constructive criticism has always been welcomed. The appended report of receipts and expenditures gives some idea of the amount of money required outside of the \$500, appropriated, and we again commend the work of the Co-operative Medical Advertising Bureau of Chicago.

FRANK Y. GILBERT.

TREASURER'S REPORT, FOR THE YEAR ENDING JUNE 1, 1921.

Cash on hand July 1, 1920,	\$ 505.01
Cash received from advertising and subscriptions,	1,351.57
Cash received from Maine Medical Association,	500.00
Total receipts,	\$2,437.44
Bills paid.	2,071.47

Balance on hand, June 1, 1921,

\$365.97 Frank Y. Gilbert.

REPORT OF LEGISLATIVE COMMITTEE.

The work of the Legislative Committee has been one of watching for such legislation as might be introduced effecting the interests of the Association.

The Workmen's Compensation Act was amended so as to reduce the waiting time between receipt of injury and beginning of compensation and increasing the compensation in some small degree, both amendments being in line with the general idea that the Association has been working for with relation to ths Act.

Nothing was introduced with relation to medical registration. It is extremely probable that at the next session of the Legislature a move for the registration of Chiropractors will be made. A study of the laws of other States relating to medical registration does not appear to this committee to afford any particular relief from those clauses in the last section of the Medical Registration Act, which permits the virtual practice of medicine by those who do not use the title of Doctor or M. D., and who do not come under the section relating to preliminary education. Whether relief from these conditions could come from having a registration board made up of lay members entirely, does not appear to the committee to be sufficiently clear as to warrant recommending any of its supposed advantages to the Association.

The matter of a full-time medical examiner was not pushed at the session for reasons that appeared to be proper to the committee.

G. H. COOMBS,

Chairman.

May 31, 1921.

REPORT OF HOSPITAL COMMITTEE.

PORTLAND, MAINE, June 2, 1921.

Gentlemen:—Your Hospital Committee beg to report as follows: That they have visited fourteen hospitals in the State, located in Aroostook, Washington, Penobscot, Oxford, Androscoggin and Cumberland Counties.

We believe in the last year that material improvement in all of our hospitals is noticeable. Not only has there been a large increase in the number of patients treated, but much improvement in the way of buildings, laboratory facilities and organizations.

We are very confident that not one of the superintendents or board of managers of one of the hospitals visited were satisfied that the last thing had been accomplished to perfect their organizations, but by continued personal effort, with support from outside, other things will be done in the near future to bring them up to, or as nearly to class "A" as possible.

Concerning the large hospitals in the State, several things might be said. We see no reason why the X-ray plant should be out of working order for an indefinite period. Laboratory facilities in many instances could and should be improved. In more than one hospital, without being personal, we find the charting very deficient—nothing on the charts of the X-ray man's findings and the records in the X-ray room very incomplete, and at times hardly possible to find them.

We believe that every patient who is sufficiently ill to be in the hospital, with a chart, and have the X-ray picture taken, should have his record incorporated thereon, either on a separate page or incor-

porated on another page with the laboratory findings or history. When the State Laboratory is used, their report sheet should be attached to the regular chart or a copy instituted on a page. In some instances the family and personal history of the patient, along with the clinical history, were markedly deficient.

In hardly one instance were there regular and well attended staff meetings. Fee splitting has been hardly considered. This is such a dishonest thing that we believe every hospital staff should positively see that such a thing does not exist among their members. We know that it is being done. In fact, we have heard of several instances of individuals who practice it when they are asked to do so. If such practitioners could have these ideas brought out in the staff-meetings, we believe that the practice would be stopped. We believe there is no way of improving hospital management so good as public staff criticism.

We are anxious that our Maine Medical College be continued and that only as a class "A" institution. If this be done, we would recommend that a complete reorganization of the Maine General Hospital. Portland, be done, that it may meet the requirements of an up-to-date teachers' institution.

As a committee, in behalf of the medical profession that we represent, we feel like complimenting nearly all of the superintendents of the hospitals visited, on the splendid work that they are trying to do, under difficulties in many cases. If it were not for the untiring efforts that they are putting forth to keep up the different branches of their institution, we believe that the good work now being done would never have been accomplished. Personally, we feel that the superintendents and their assistants are more to be congratulated for the good service than are some of the physicians in charge of the various departments.

W. U. WUIER. by H. L. B. H. L. BARTLETT.

REPORT OF COMMITTEE ON SCHOOL HYGIENE.

To the President and Members of the House of Delegates of the Maine Medical Association.

Gentlemen:—Your committee appointed to co-operate with the State Teachers' Association in the interests of child and school hygiene, and consisting of Dr. L. D. Bristol, Augusta, Chairman, Dr. J. A. Spalding, Portland, Dr. Thomas A. Foster, Portland, Dr. E. A. Porter, Pittsfield, and Dr. A. L. Smith, Machias, begs leave to submit the following brief report:

As an outline of the policies to be pursued by your committee, the following abstract from a letter received from the chairman of the Committee on Health Problems in Education of the American Medical Association is quoted:

"In order to make effective the nation-wide movement for better health conditions in the public schools, each State society has been asked to appoint a committee to co-operate with the State Teachers' Associations. You have been appointed chairman of this committee from your State.

"The Council on Health and Public Instruction of the American Medical Association, and its sub-committee on Health Problems in Education desire to be kept informed as to the situation in each State and what is being done to improve conditions. We should be glad if your committee would send a report of its activities from time to time to Dr. Frederick R. Green, the Secretary of the Council. A conference of State committees will be held at the meeting of the American Medical Association in Boston next June.

"The following suggestions may be helpful to the State committees:

- "I. The school health problems involve
- "(a) The sanitary and hygienic conditions of school buildings, grounds and equipment.
- "(b) Provisions for the physical examination of pupils and teachers for the purpose of (1) detecting and checking communicable diseases; (2) detecting physical and mental defects.
- "(c) Provisions for the cure of defects which are remediable and for special methods of instruction of children whose defects are not remediable.
- "(d) Improvements in methods of instruction of pupils in hygiene, physiology and allied topics.
- "II. To secure better conditions, the first step is to ascertain what has already been done in each State. For instance, what laws has your State adopted in
- "1. Sanitary school grounds and buildings, especially in rural schools;
 - "2. The physical examination of pupils and teachers;
- "3. The correction of remediable defects where the parents are unable to bear the expense?

"What ordinances have been passed in your cities bearing on these problems? Are these statutes and ordinances enforced, and if not, why not? Are your Boards of Health, State, county and municipal, actively interested in school health, beyond the matter of detecting

communicable diseases? Are there any organizations in your State which are actively interested in these matters, viz., women's clubs, commercial organizations, and the like? If so, are these organizations co-operating in any way? Could they not be brought together for more effective co-ordination and co-operation? What are the chief obstacles to progress along these lines, such as lack of adequate funds, the opposition of people who oppose physical examination of pupils, lack of public interest or inefficiency of public school officials?

"If a report on such items as these could be made by the several States at the conference to be held next June, the discussion elicited should result in the formulation of some general principles and plans of action which would be exceedingly helpful to all who are interested in promoting better health conditions for our school children, and who believe that in the care and education of these children—the coming generation of men and women—lies the surest hope of realizing the possible benefits of the great progress which has been made in preventive medicine."

Following the suggestions outlined in the above letter, your chairman got into communication with the various members of the committee by letter, and as a result he was authorized to speak for the committee at the Maine State Teachers' Association, which was held in Bangor on Friday, October 29, 1920, upon invitation of that body.

Following this authorization your chairman attended the meeting of the Maine State Teachers' Association and had the honor and pleasure of addressing them on the subject of "Co-operation between School and Health Officers in the interests of Child Hygiene and School Sanitation."

After outlining the work and result of the so-called "Children's Year" (suggested by the Children's Bureau of the United States Department of Labor, which was inaugurated April 6, 1918, and which continued until April 6, 1919), the speaker emphasized the great need in the State of Maine for closer co-operation between health and school authorities in the interests of the health of the school child. Particular attention was given to emphasizing the need for the development of dental clinics throughout the State, and for a vigorous campaign in the interests of the conservation of vision. As an aid in the fight against malnutrition among school children, the recommendation was made that a set of scales should be provided for each school, in order to make possible the constant and careful following of the weight of children.

Finally a suggestion was made by the speaker that some means should be provided for the co-ordination of all of the activities of the

State for the physical and social welfare of children, and for fixing the responsibility for the development of a comprehensive program in behalf of the child. In the past what might be called a No-Man's-Land has existed between the various fields of work of departments and agencies interested in the welfare of the child. Investigators have gone out from various departments and have brought back information for their respective departments, but there has been no general getting together of the various agencies and departments, and there has been too much fear of encroaching upon each other's territory. As a result, the child has suffered. Your chairman recommended legislative action and appropriation for the creation of a State Child Welfare Commission, which might consist of four divisions, such as:

- 1. Prenatal care, infancy, and the pre-school child.
- 2. School children and adolescents.
- 3. Dependent, defective and delinquent children.
- 4. Child employment.

Such a Child Welfare Commission might be composed of the following members:

- 1. State Superintendent of Public Schools.
- 2. Secretary of the State Board of Charities and Corrections.
- 3. State Commissioner of Labor and Industry.
- 4. Superintendent of State School for Girls.
- 5. An outstanding layman or woman as chairman of the Commission.
 - 6. State Commissioner of Health.
- 7. A paid, full-time, trained executive Secretary (either a man or a woman).

It was suggested that the chief duties of such a Commission might be as follows:

- 1. Careful study of our present laws regarding the physical and social welfare of our children.
- 2. Recommendation for the general revision and codification of these laws.
- 3. The fixing of responsibility as to the proper administration and enforcement of such laws.

In conclusion, we would emphasize that the future of Maine depends on the healthy minds and bodies of our children. We compel children to become more literate; we must compel them to become more sound, physically and morally. We compel attention to one organ, the brain; we must compel attention to other organs and functions of the body, such as the heart, the lungs, the muscles, the eyes, the nose, the throat, the teeth, the instincts, the emotions; in fact, the State

must accept the responsibility for the welfare and the development of the whole child.

At the end of these remarks, your Chairman requested the appointment of a committee of five by the State Teachers' Association to cooperate with your committee of the Maine Medical Association in the interests of necessary legislation. So far as we are aware, no such committee was appointed by the State Teachers' Association—additional evidence showing that as yet there is not sufficient co-operation between health and school authorities, and a further indication that the Maine Medical Association and the constituted health authorities of the State should not cease in their efforts for the upbuilding of the physical welfare of the child.

Respectfully submitted,

L. D. Bristol,

Chairman.

REPORT OF CANCER COMMITTEE.

B. L. BRYANT, M. D.,

265 Hammond St.,

Bangor, Maine.

Dear Doctor:—The report of the Cancer Committee of the Maine Medical Association will be confined to a summary of the work done by the chairman as pathologist for the State Department of Health. When the State Department of Health was reorganized in 1917 a law was passed providing for the free examination of tissues for malignancy. These examinations have been made in the diagnosis laboratories of the State Department of Health and the work has been increasing very rapidly. During 1920 there were sent to the laboratory for examination 430 tissues. From January 1 to June 1, 1921, there were examined 251 tissues. The whole number of tissues examined since the law came into effect is 1,281.

There are evidently many physicians who do not know that this work is done free by the State. Some of the increase in the number of specimens received is due to the fact that more physicians are learning about it. New names are gradually being added to our list.

I think it might be well to say a word here regarding the proper methods of sending tissues to the laboratory. Unsatisfactory results are obtained on many tissues, due to the fact that they are not sent to the laboratory in proper condition. All tissues should be sent in some solution. The best solution is 10% formalin. If this cannot be had, they can be sent in alchohol or even salt solution. Do not send

the tissue wrapped in a dry piece of gauze. The tissue becomes jammed out of shape and the elements do not appear in their normal proportions and relations, and sometimes portions which are important in making a diagnosis are destroyed. Curettings sent in a gauze sponge are very hard to handle. If there are any large pieces they are usually squeezed into the meshes of the sponge and broken into fragments. Occasionally a piece of tissue is sent pressed between two glass slides. It is not possible to make any examination of a tissue sent in this manner. The more pains taken in sending tissues to the laboratory the better are the chances of getting satisfactory sections and a correct diagnosis.

Very truly yours,

H. E. Thompson, M. D., Chairman.

Necrology.

BARZILLAI B. FOSTER

PORTLAND, 1848-1921.

Barzillai Bean Foster, so named after a maternal uncle whose parents were students of the Bible, was born at Unity, May 5, 1848, the son of Dr. Thomas Albert and Eliza McManus Foster. After more than fifty years of practice, he died suddenly of angina pectoris May 17th, 1921, leaving a grateful memory amongst his patients. I met him a few days before his death, but although he showed some signs of delicate health, there was nothing special in his appearance to suggest that he had so short a time to live.

When a mere child, Dr. Foster was taken by his parents to Water-ville, where his father had an excellent practice, and when the family moved again to Portland, into a wider field of usefulness for the Father, the boy was moved to his new home in that city, where he was educated in the public schools and later at Westbrook Seminary. He then attended a course of lectures at a medical school in New York, but obtained his degree at the Bowdoin Medical School in 1870. Whilst studying there he developed skill in anatomy, and served as prosector

and lecturer on this topic at the Portland School for Medical Instruction for some considerable time. He settled at once in Portland and practiced there for life. He was appointed City Physician in 1871, and during his term of service had a fine opportunity to show great skill during an alarming epidemic of smallpox which threatened much mortality. During the summer of 1872 he vaccinated all of the school children, was given free rein by the authorities, and at the end of his service he received the city's grateful thanks. Dr. Foster then settled into a good practice, and drove around in a covered cab, which attracted much attention by its novelty. He also at this time developed much love for horses. Physicians of that era speeded their "nags" just as much as physicians of today speed their motor cars. Dr. Foster loved horses, breeded one or two fine ones, and for many years, first on upper Congress Street, then on the Western Promenade, and finally on Portland Street, now Park Avenue, he drove his horses daily with many fast competitors, winter and summer alike, and with great success.

Although Dr. Foster attended medical meetings constantly, and often spoke in the discussions, he did not read any medical papers until comparatively late in life, when, after specializing in urology, he read good essays on, "Foreign Bodies in the Rectum," "Stricture," and "Clamp or Cautery for Piles." The presentation of these papers attracted attention to him, and in 1908 he was elected President of the Association. He proved a steady presiding officer, and his annual address was unusually attractive, urging, as it did, improvements in medical education, and fervently opposing the registration of opticians as optometrists without examination, for he believed that such exemption was unconstitutional.

As Dr. Foster grew older and had more leisure, he gave much time to the reading of the best English literature.

He married, first, Miss Elizabeth Flagg, of Topsham, and later on in life, Miss Elizabeth Maud Blodgett, of Belfast, who, with her three sons, survives him.

Barzillai Bean Foster was one of those very few physicians who live to obtain the rare privilege of practicing medicine for more than fifty years, a fact which this Association ought to recognize as it never has done during its existence. If individual members forget such a length of honorable practice, then the Association ought to recall it, either by the granting of a special diploma, or better still, by the more permanent gift of silver, in some simple and suitable shape, with an inscription tersely recalling the fact.

J. A. S.

Notes.

PROGRAM FOR THE JUNE MEETING OF THE MAINE MEDICAL ASSOCIATION AT BANGOR.

Tuesday, June 28th, 1921.

9.00 A. M.	Invocation.
9.15	Address of Welcome.
9.30	Dr. Henry E. Marston, No. Anson—"How to Meet Some Daily Problems of the General Practitioner."
9.50	Dr. Delbert M. Stewart, South Paris — "The General Practitioner as a Business Man and Citizen."
10.10	Dr. Adin L. Smith, Machias — "The Doctor and Preventive Medicine."
10.30	Dr. Fred W. Mann, Houlton — "Obstetrics from the Standpoint of the General Practitioner."
10.50	Discussion.
11.30	Paper on Medical Organization.
2.00 P. M.	President's Address — Dr. T. E. Hardy, Waterville. Dr. James A. Spalding, Portland—"Report of the Necrologist."
	Dr. Luther G. Paul, Boston—Surgical paper. Dr. John Lovett Morse, Boston—"Nephritis in Childhood."
	Wednesday, June 29th, 1921.
9.00 A. M.	Dr. Carl G. Dennett, Saco—"Focal Infections."
9.20	Dr. Frank H. Jackson, Houlton — "Intestinal Obstruction."
9.40	Dr. Edward H. Risley, Waterville — "The Value of the Two-Stage Operation in Surgery with Especial Reference to Acute Intestinal Obstruction."
10.00	Dr. Allen Woodcock, Bangor — "After Treatment of Poliomyelitis."
10.20	Dr. Richard D. Small, Portland — "Cæsarean Section."
11.00	Discussion.
2.00 P. M.	"X-ray" — George E. Pfaeler.
	Oration — "Radium," Dr. Robert Abbe.

FUNDS FOR SCIENTIFIC RESEARCH.

The Research Information Service of the National Research Council has recently compiled information about funds for scientific research. From this compilation it appears that there are hundreds of special funds, trusts, or foundations for the encouragement or support of research, in the mathematical, physical and biological sciences, and their applications in engineering, medicine, agriculture and other useful arts. The income from these funds, which amounts annually to at least fifty million dollars, is used principally for prizes, medals, research scholarships and fellowships, grants and sustaining appropriations or endowments.

So numerous have been the requests to the Research Council for information about sources of research funds, availability of support for specific projects and mode of administration of particular trusts or foundations, that the Research Information Service has created a special file which it is proposed to keep up to date in order to answer the questions of those interested in such funds. Furthermore, in order to give wider publicity to the immediately available information about research funds, the Council has issued a bulletin under the title ''Funds Available in 1920 in the United States of America for the Encouragement of Scientific Research.''

Inquiries concerning the bulletin or for information about research funds should be addressed, National Research Council, Information Service, 1701 Massachusetts Avenue, Washington, D. C.

Germ diseases kill off more people than the deadliest wars, says the United States Public Health Service. In 1917 pneumonia and tuberculosis killed 223,000 Americans, more than seven times the number killed in action in France.

CONVENIENT

A Complete Food

Requires Neither Cooking Nor the Addition of Milk

"Horlick's"

The Original Malted Milk

Obviates many of the difficulties that are generally connected with the prescribed feeding of infants.

Easily prepared to meet the changing needs of the individual infant.

Very reliable—prescribed by the medical profession for over one-third of a century.

Avoid Imitations

Samples and Printed Matter Prepaid

HORLICK'S

Racine, Wis.

Physiotherapy

The remarkable results secured in the treatment of our wounded soldiers by the various physiotherapy methods used in the U. S. Reconstruction Hospitals have attracted national attention. The value of physiotherapy has been so clearly demonstrated that the U. S. Government has equipped many of the U. S. Public Health Service Hospitals with apparatus for use in physiotherapy.

Leading physicians now realize that physiotherapy can be of great assistance to them in their general practice. It has shown its value particularly in a large number of chronic conditions, and also in the treatment of occupational injuries received by mill workers and artisans of various kinds.

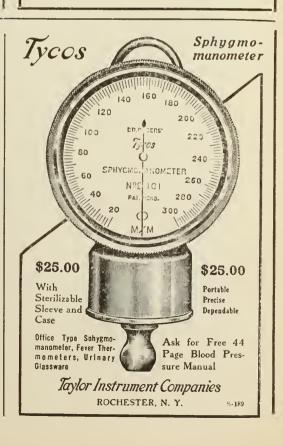
The Thompson-Plaster Electrical Cabinets supply many of the modalities used in physiotherapy. Write for our booklet "Electrotherapy in the Abstract," which explains the value of these modalities and gives the technique for their application.

Clapp Anderson Co.

Specialists in high quality X-Ray and
Electro-Medical Apparatus
120 Boylston St. Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me. Maine Representative



Correspondence.

TO HOLDERS OF TERM (WAR TIME) INSURANCE CERTIFICATES.

The War Risk Act provides that the War Time Yearly Renewable Term Insurance which you are now carrying may be converted into one or more of the six permanent forms of insurance issued by the government to service and ex-service men and women, within a period of five years after peace is declared by the President of the United States.

The advantages of converting your insurance at an early age are many, as by changing to a Limited Payment Life or Endowment policy, your insurance will be paid for during the younger, more active years of your life, when your earning capacity is higher. The Yearly Renewable Term Insurance carries no cash values, while any form of the permanent insurance has a cash value, loan value, extended insurance and paid-up insurance value, after the first policy year, which are fully explained in the inclosed pamphlet, L. D. No. 9.

The disability clause, which is contained in all of the various forms of insurance issued by the government, is included without an additional premium charge, and the benefits under this clause do not cease at age 60 or 65, as is usual with insurance issued by commercial companies. There are no restrictions in the policies on residence, travel or occupation, and the proceeds may be paid in a lump sum if desired.

In consideration of your military service, the cost of administration is paid by the government. The insurance is granted on an absolute net $3\frac{1}{2}$ per cent. reserve basis, so that any savings in mortality or excess interest earned over $3\frac{1}{2}$ per cent. will be the basis of dividends which will doubtless be declared under the permanent forms of policies.

Your attention is called to the option of converting your insurance within the five-year period in order that you may be fully advised of your rights, and the Bureau will be glad to furnish any additional information that you may desire, on request.

Guarding Quality in the "Crushes"

UR determination is that Ward's Orange-Crush, Lemon-Crush and Lime-Crush must always be of such high quality as to merit the confidence and recommendation of the physician.

All production in our plant is guided and guarded by trained chemists in charge of a splendidly-equipped Service Laboratory. This Laboratory co-operates with Orange-Crush bottlers throughout the country,



make sure that the "Crushes" are always up to par.

These delicious drinks are compounds of fruit oils and fruit juices pressed from oranges, lemons or limes. To these are added citric acid, pure granulated sugar, certified food color and carbonated water. To those who seek reliable carbonated beverages we suggest the "Crushes." No curative properties are claimed. It is not claimed that Orange-Crush can replace orange juice in infant feeding. The "Crushes" are just pure, wholesome fruit-flavored drinks, cooling and refreshing.

The "Crushes" are guaranteed under all pure food laws, Federal and State. They are sold in bottles and at fountains in all principal towns and cities.

We welcome correspondence from physicians. All inquiries will be promptly answered.

Orange-Crush Company

Plant and Laboratories, Chicago Research Laboratory Los Angeles

THE CENTENNIAL OF THE MAINE MEDICAL SOCIETY.

1821-1921.

To the Editor:

It gave me great pleasure at the Augusta meeting of this Association in 1920 to read a part of a centennial paper entitled, "The Founders of the Maine Medical Society of 1820," and in the short time allotted me I read the lives of the original officers and of another member. It was my intention then, and it has been ever since, to cause my manuscript containing the lives of ninety founders of the society to be printed by Maine, as part of its own centennial celebration. Owing, however, to misunderstanding, the resolve for printing fell through at the last Legislature and my labors were in vain. I had also hoped to enlist the momentary aid of others interested in Maine's history to get my story printed, but that, too, has failed. The only way out at present seems to be to wait until the next Legislature will help

us out, but by that time the glory of being a part of the centennial will have passed.

I wish next to say that there are three years in which claims may be made that the society was founded, first in 1819, when the call was made for members of the Massachusetts Medical Society (District of Maine) to meet and discuss the foundation of a new society: the second in 1820, when the petition for incorporation was handed in to the Legislature, and the third and actual incorporation meeting in 1821, when permanent officers were first chosen.

It is a pity that my manuscript, containing so much of anecdotic and historical value, should not be printed. The Bench of Maine has obtained a grant for honoring the judges of a century ago, and the physicians of that era are entitled to a similar honor, because they were leading men. It is to be hoped that the question may be discussed at the Bangor meeting and some way found for carrying out a project to honor Maine and likewise to celebrate the deeds of good citizens of a century ago, for many of the founders of the Maine Medical Society were judges of probate, clerks of courts, postmasters, and government officials in civil, army, and navy life, whilst as men they held high of good to all with whom they came into daily contact during prolonged years of medical practice.

J. A. S.

By Surgical Dressings

Also Allied Products

Sterilized Again After Wrapping

B&B Sterile Dressings come to you sealed. They are sterilized after wrapping. And incubator tests are made to prove them sterile to the core.

Equally high standards apply to every B&B product. We have worked for 27 years to excel. Every detail has been

studied, including convenience.

A mammoth model laboratory has been equipped to make them.

B&B Handy-Fold Plain Gauze comes in pads, each sealed in a parchmine envelope.

B&B Handy-Package Cotton can be used without removing the roll. It goes through 21 processes.

B&B Surgeon's Soap contains either 1% or 2% mercuric iodide. The 1% has a phenol coefficient of 51.98.

B&B Plaster Paris Bandages come wrapped in water permeable paper.

We have for decades been well-advised by authorities. Our experts are

master of their arts. Our standards and tests are extreme.

Any B&B product will meet or excel your requirements. All will delight you, some will surprise you.

After all this effort, all these years, we urge you to learn the B&B achievements. A test of any will bring you respect for all.



Developed by three experts who have devoted more than 20 years to the perfection of Adhesive.



Water soluble, sterile, antiseptic, non-staining—for hands and instruments.



B&B Formaldehyde Fumigators
—all sizes—conform in strength
with U. S. Public Health
Service standards

BAUER & BLACK Chicago New York Toronto

Makers of Sterile Surgical Dressings and Allied Products

Boralo

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE
NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

To is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best results are obtained by dissolving in hot water.

Ask For Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

Accepted

For Inclusion in New and Non-official Remedies

The New Germicide

MERCUROCHROME

(Readily soluble in water in required percentages)

Mercurochrome has proved effective as a germicide in the treatment of various infections of the GENITO-URINARY TRACT and in OPHTHALMOLOGY. It has also been successfully used in OTITIS MEDIA, in the treatment of DIPHTHERIA CARRIERS and to some extent as a local germicide in SURGERY.

Literature upon Request.

HYNSON, WESTCOTT & DUNNING BALTIMORE

 TRY

LANGTON RX OPTICAL WORK

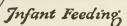
With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

C. A. L. Langton

Manufacturing Optician 419 Boylston St.

Boston, Mass.





Diet Materials

HALF A MILLION APPETITES

Half a million baby appetites must be satisfied.

And many of these are "bottle" babies because they cannot have their own mother's milk.

Most babies are born healtny and would continue to be healthy if they could remain under the doctor's care.

MEAD'S DEXTRI-MALTOSE

puts infant feeding where it belongs-in the hands of the doctor.

OUR "SYSTEM" IS YOUR "SYSTEM"

THE MEAD JOHNSON POLICY

Mead's Infant Diet Materials are advertised only to the medical profession. No feeding directions accompany trade packages. Information regarding their use reaches the mother only by written instructions from her doctor on his own prescription blank.

Interesting Literature, Samples also,

MEAD JOHNSON & COMPANY
EVANSVILLE
INDIANAUSA

Oculists Prescription Work

THE SMITH-SOMES CO.

OPTICIANS

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

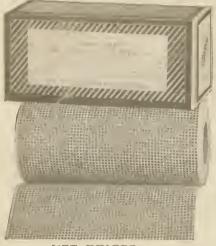
A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$25.00, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon

THE DRESSING THAT DOES NOT STICK



NET PRICES

10 yard	roll		\$ 2.63
50 yard	roll		11.63
Box of 6	envelopes, each		
contai	ning a strip 6x18	inches	1.20

A specimen free to any doctor on request. Send for it today.

For wounds of every sort, traumatic and operative, Parresined Lace-Mesh Dressing is the best from every viewpoint. It is readily and easily removed, at a saving of time for the doctor and his assistant. Its removal infliets little or no pain upon the patient. Healing is expedited rather than retarded as with ordinary adherent gauze. From 50 to 75% less of absorbent cotton, that tears and pulls upon the surface granulations and overdressings, is required where it is generally applied. Most appreciated by those who have many cases to dress daily.

The Abbott Laboratories

Dept. 38. Chicago, III.

Manufacturers of

Barbital, Cinchophen, Procaine, Chlorazene, Dichloramine-T, Acriflavine, Benzyl Benzoate, and Digipoten.

New York Seattle San Francisco Toronto Bombay

Pituitary Liquid

is the perfect preparation of Posterior Pituitary active principle. It, too, is without preservatives—1-2 c. c. obstetrical, 1 c. c. surgical.

Corpus Luteum

(Armour)

is true substance and will give results. Powder 2 and 5 gr. capsules and 2 and 5 gr. tables.

Surgical Catgut Ligatures

Plain and chromic, regular (60 inch) ermergency (20 inch) lodized (60 inch)

Strong and sterile.



An Incomparable Product

The Suprarenalin preparations are now available.

Suprarenalin Powder - - 1 grain vials Suprarenalin Solution,1:1000 - 1 oz. botls. Suprarenalin Ointment, 1:1000 - tubes

Suprarenalin designates the astringent, hemostatic and pressor principle of the Suprarenal Gland as isolated by the Armour chemists.

Suprarenalin Solution is the incomparable preparation of the kind. It is water-white, stable and non-irritating and is entirely free from chemical preservatives.

Suprarenalin Ointment is bland and its effects very lasting.

ARMOUR COMPANY

THE JOURNAL



Maine Medical Association.

The Official Organ of the State and County Medical Societies.

Vol. XI, No. 12.

JULY, 1921.

\$2.00 per year

Carminzym-Benefits Derived

- 1. Relief, almost immediate, from the often intense distress of acid, flatulent indigestion.
- 2. Comfort, gratefully, gradually developing—cheering and heartening the patient.

In many chronic cases Carminzym is distinctly beneficial, helpful in the indicated systematic treatment. The physician first prescribed Carminzym because of its promise, continues to prescribe it because of its service.

Fairchild Bros. & Foster

MAINE MEDICAL ASSOCIATION.

OFFICERS.

President—T. E. Hardy, Waterville. 2nd Vice-Pres.—James McFadyen, Milo. 1st Vice-Pres.—G. R. Campbell, Augusta. Sec. and Treas.—B. L. Bryant, Bangor.

BOARD OF COUNCILORS.

First District, Second District,	J. F. Thompson, Portland, E. V. Call, Lewiston,		expire	s 1921.
Third District,	W. E. Kershner, Bath,	"	6.6	1923.
Fourth District,	F. H. Badger, Winthrop,	"	6.6	"
Fifth District,	Lewis Hodgkins, Ellsworth,	4.6	4.6	1922.
Sixth District,	C. H. Burgess, Bangor,	4.4		

CONSTITUENT COUNTY SOCIETIES.

COUNTY.	PRESIDENT.	SECRETARY.
Androscoggin,	S. L. Andrews, Lewiston,	L. J. Dumont, Lewiston.
Aroostook,	P. E. Gilbert, Ashland,	F. E. Bennett, Presque Isle.
Cumberland,	N. M. Marshall, Portland,	E. E. Holt, Jr., Portland.
Franklin,	A. J. Nichols, Farmington,	G. L. Pratt, Farmington.
Hancock,	A. H. Parcher, Ellsworth,	Geo. A. Neal, Southwest Harbor,
Kennebec,	Geo. A. Coombs, Augusta,	R. H. Stubbs, Augusta.
Knox,	J. G. Hutchins, Camden,	H. W. Frohock, Rockland.
Oxford,	D. M. Stewart, So. Paris,	W. T. Rowe, Rumford.
Penobscot,	Jarvis B. Woods, Bangor,	H. D. McNeil, Bangor.
Piscataquis,	James McFadyen, Milo,	C. N. Stanhope, Dover.
Sagadahoc,	L. T. Snipe, Bath,	R. C. Hannigen, Bath.
Somerset,	H. W. Smith, Norridgewock,	C. E. Richardson, Skowhegan.
Waldo,	Elmer Small, Belfast,	Carl H. Stevens, Belfast.
Washington,	A. R. Harmon, Lubec,	H. B. Mason, Calais.
York,	Paul S. Hill, Saco,	A. L. Jones, Old Orchard.

TABLE OF CONTENTS

Original Articles—	Editorial Comment—
President's Address	The Fairfield Clinic
Report of Committee on Venereal Diseases and Their Prevention 38	Miscellaneous—
Uses of Ultra-Violet Rays in Dermatology	New and Non-Official Remedies 1X

DR. COUSINS' PRIVATE HOSPITAL "SAINT BARNABAS"

A private institution for the care and treatment of all Surgical Diseases

Thoroughly modern in every respect, steam heating, vacuum cleaning, electric lighting and electric elevator, most modern fire protection including private alarm box, extinguishers in each room, corridors fitted with hose and water mains, and fire escapes surrounding the building. Abundance of private baths, latest and most approved operating room and laboratory facilities.

Complete X-Ray Outfit. Special attention given to diseases of the gastro-intestinal tract.

ACCOMMODATIONS FOR FIFTY

Rates given upon application.

EXTRAS-Patients' private laundry, drugs, laboratory fees, operating room and special nurse. This latter is \$2.50 per day.

SAINT BARNABAS HOSPITAL TRAINING SCHOOL FOR NURSES

Course of training extends over a period of three years, embracing instruction in both medical and surgical nursing including special branches. A maternity department offers valuable training in this important line of work. Nursing in private cases which forms such a very large portion of the work will be found of especial value as representing the class of practice encountered after graduation. Applicants must present satisfactory evidence of good health, morals and a degree of education equivalent to a four years' high school course or certificates from normal schools, academies and institutions of like standing.

SAINT BARNABAS HOSPITAL REGISTRY for GRADUATE NURSES

is run in connection with the Training School for the assistance of physicians employing graduate nurses.

For information, write or telephone

Supt. Saint Barnabas Hospital

231 Woodford St.,

Portland, Me.

TELEPHONE NUMBER 82440

LIP READING FOR THE HARD-OF-HEARING AND DEAFENED ADULT CORRECTION OF SPEECH DEFECTS

MISS MARGARET J. WORCESTER

Graduate Muller-Walle Method, Boston Post Graduate Kinzie Method, Philadelphia

SUMMER COURSE August and September 65 Thomas Street Portland, Maine WINTER COURSE
October to June
129 Stanley Street
Montreal, Canada



Dr. Leighton's Hospital

"A Private Institution for Women"

Obstetrical, Gynecological and Female Surgical cases only received. Unusual facilities are offered. Operating room and labor ward entirely separated. All modern hospital necessities are available, including newly installed water and steam pressure sterilizers. Gas-Oxygen apparatus for Obstetrical Analgesia or

Surgical Anaesthesia. Trained Nurses. Private rooms with sun parlors attached. No wards. For rates, illustrated booklet and further information, please address:

ADAM P. LEIGHTON, JR., M. D.

109 Emery Street

Telephones + 1318 | 1406

Portland, Maine

MAPLE CREST SANATORIUM

FOR OPEN AIR AND REST TREATMENT

EAST PARSONSFIELD, MAINE

Portland, Address: 698 Congress Street For Particulars and Rates write to FRANCIS J. WELCH, M.D.

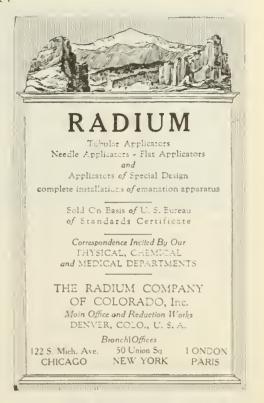
EAST PARSONSFIELD, MAINE



DEPENDABILITY-

As applied to our Laboratory, dependabilty means

- Absolute accuracy in the analysis of all specimens.
- Promptness in the forwarding of reports.
- Fees that are reasonable, yet consistent with careful work.



ADVANTAGES OF ADVERTISED GOODS

They are standardized as to quality, size of package, uniformity of price, etc.; the manufacturer is under the necessity of maintaining the quality and the price, else it would be foolish to advertise.

UNADVERTISED GOODS FLUCTUATE

Unadvertised goods, especially when, as now, the ingredients are scarce and high, may fluctuate both in quality and price, at the option of the manufacturer and the retailer. But the price of advertised goods, even though the intrinsic value of the goods in the package may vary, as does the silver in the dollar, like the dollar, remains the same. Buy advertised goods, and know you receive what you order, and at the price printed on the package.

-Editor.



A Standby

TWENTY years ago Parke, Davis & Co. introduced to the medical profession the active principle of the suprarenal gland—Adrenalin.

Little was known at that time concerning its physiologic action and therapeutic application. Today, after years of laboratory research and clinical experimentation, Adrenalin holds a foremost place among the standbys of the materia medica.

For the relief of the paroxysm of asthma, for the control of hemorrhage, and in the treatment of shock and collapse, Adrenalin is the first thought of the therapeutist. In organotherapy it has certain special indications, and as a synergist to local anesthetics it has done much toward bringing local anesthesia technic to its present high degree of perfection.

Parke, Davis & Company

THE JOURNAL

OF THE

26601

Maine Medical Association.

Published under direction of the Council of the Maine Medical Association.

All papers, case reports, etc., should be typewritten when possible.

Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

VOL. XI.

JULY, 1921.

No. 12

*PRESIDENT'S ADDRESS.

By F. E. HARDY, M. D., Waterville.

It has been my pleasure, in carrying out the duties of President of this Association, to visit nine of the county societies. I have also met with the County Secretaries at their regular meetings, once in Bangor and once in Portland. It is a source of great regret that conflicting engagements, faulty train accommodations, and so on, have made it impossible for me to visit the other societies. I have had reports from all of these counties, however, and it is very gratifying to report to you that on every hand there is positive evidence of increased interest in the affairs of both the State and county societies. Until this year many of the local societies have never held more than one meeting. This year I believe every county society has held at least two meetings, and nearly all three or more. The meetings I have attended have been extremely interesting and profitable. Programs in all cases have been good, discussions lively and attendance fair. A feature of one of these meetings to which I wish to call your attention is the presentation of cases. In one county one of the members presented several patients. Provision was made for examination by members present, following which the cases were thoroughly discussed, everybody taking part in the discussion, thus contributing valuable personal opinions and experiences. The result was a most delightful

^{*}President's address, read before the Maine Medical Association, June 28, 1921.

meeting. I recommend that in making up the program for the year in the several county societies that at least one meeting shall be featured by the presentation of cases.

This year has seen the introduction of medical defense by the State Association. Several cases have been handled satisfactorily by your officers; others are still pending. It is impossible in so short a time to make an accurate estimate of the benefit to be derived from this undertaking. My impressions are decidedly favorable, however. I have been in contact with not a few of the members of the profession of the State in this connection, and I am very much impressed with the almost new spirit of loyalty among them. At the present time the administration of the Medical Defense Act devolves on the President and Secretary of the Association. As time goes on this will be no little task, and I am wondering if it will not be better to put the administration of medical defense in the hands of a special committee. This committee will be more permanent, being re-elected from year to year, and because of greater experience better able to handle the problems arising. If we are to successfully carry on medical defense it will be necessary to safeguard the standard of medical practice among our members. We cannot afford to accept as members of our county societies men who are notoriously negligent in their work. So far as I am informed, the work of the Board of Censors is very much neglected. Unless this is changed and the Censors make careful investigations of candidates, we shall find it difficult to make medical defense a permanent success. As you know, the insurauce companies doing medical liability work in this State have already increased their premiums from \$15 to \$45. I am authoritatively informed that this will soon be increased to \$75 per year. If this be true, might it not be advisable for the Maine Medical Association to undertake not only the defense but the indemnity in malpractice suits? If our numbers are too small to do this successfully, we might possibly unite with one or two other States in New England, like New Hampshire and Vermont, in a mutual insurance plan. Some of the Southern States have already done this successfully and are not only carrying physicians' liability but other forms of liability, like automobile and health insurance. I think we may well give this serious consideration. This year several members have asked the assistance of the Association in threatened suits, but have failed to furnish the officers with the necessary information. This, I presume, is from lack of knowledge of the regulations and will not be a source of trouble in the future.

This month the Maine Medical School closes its doors after a century of great usefulness. This action is taken because of a lack of

funds to carry on the course on the high standard set up by the Council of Medical Education. It is not for us at this time to challenge the rather dictatorial methods assumed by this Council, nor is it for us at this time to question the judgment of these eminent men of the profession, all of them located in large centers and probably not entirely familiar with conditions in rural communities like ours. Possibly it is not for us to suggest that the A. M. A. might properly function through the State Association in matters pertaining to medical conditions in this State, or that it have a representative whose duty it is to visit us frequently and get at first hand knowledge of medical affairs as they exist here. It is, however, our privilege and duty to consider what we may do to repair the great loss to the profession sustained by the closing of the Medical School. No one, I believe, at this time really grasps what the closing of the Medical School means to the profession in this community. I am sure that we shall find that the personal contact with the teachers of the school, the instruction and information sent out from its laboratories, and our visits to the school have had not a little to do with the remarkable advancement of medicine in the past. As an Association we must find some means of supplementing the work the school has been doing. To this end I hope the State Association will undertake the maintenance of teaching clinics for physicians. We can easily give a week of attractive clinics several times during the year, utilizing as teachers not only the eminent men in our society, but inviting the distinguished teachers of medicine from other localities. There is an abundance of material in our larger hospitals, that State institutions for the treatment of special diseases may be utilized and the equipment of the State laboratory may be used. This is a proper function for the State society. The experiment at the Central Maine Sanatorium proved beyond possible doubt that the members of the profession are keen for such opportunities and will gladly avail themselves of them. While, of course, this does not by any means entirely repair the loss sustained by the closing of the school, it will, I am sure, go a long way in advancing the standard of medical practice.

The closing of the Medical School marks an important epoch in the history of the Maine Medical Association. When a State Association was first founded one hundred years ago, medical practice was far different from what it is to-day, and the requirements and duties of a State Medical Association were far different. One hundred years ago the practice of medicine was entirely an individual affair. The practitioner of that date was concerned only with the progress of the individual patient. How the patient contracted his disease gave the

physician no concern, or that he might transmit it to others was of no importance. To-day, while medical practice still retains its individual side, it is even more a community and public affair. Because of our knowledge of contagion and our appreciation of industrial loss due to disease, our alarm at racial deterioration, every illness is of public concern. Federal, State and municipal authorities recognize this and accept it. I am fearful, however, that we as an Association or as a profession have not risen to the occasion. Public health work everywhere is being carried on largely by the layman, and, as might be expected, is being rather bunglingly done. Recently a letter went out from the State Chamber of Commerce asking different organizations to participate in a health program for Maine. The Maine Public Health Association, The Child Welfare League, the Grange were invited to co-operate. The Maine Medical Association, the one organization which should be best equipped to participate in such a program, was apparently not even considered, nor do'I think that we can justly feel slighted. We should be more thoroughly organized to continue the activities which pertain particularly to the medical profession, serving the profession more and more as time goes on, bringing its members close together, insisting always that our efforts have fair consideration. We must remember that we have a very important duty to ourselves. We must guard against the altogether too frequent abuse of our time and services. No body of men ever existed more willing to give freely of their services than the members of our calling. May this always be so. It is our duty, however, not to permit this generosity to be abused. We owe this duty to ourselves, we also owe it to those who abuse it. It is no kindness to help a man who can help himself. Beside serving its members, this Association must serve the State and the community. Any health program in Maine should be dominated by the Maine Medical Association. From the very nature of things, this Association is the one organization to outline and carry into effect a health program. What other body of men can hope to know the health situation here as we know it? What organization can be so readily organized to do effective health work? The hospitals in this State are very largely trusteed and directed by laymen. The selection and promotion of the hospital staff are in their hands, the policy of the hospital is established by them, oftentimes with the advice of a lay superintendent. The selection of supplies and equipment is made by these lay boards, and we, as a profession, humbly use what they provide for us.

Public health work is almost entirely in the hands of laymen—keen, earnest people, many of them generous to a fault, but hope-

lessly ignorant of health conditions. That much of their program is useless you know as well as I. On every hand we see them building chimneys from the top down. To direct the public health program in Maine, to make it practical and effective is the obligation we owe the community and ourselves. To this end we must be properly organized. We must have a hospital committee, a committee on health education, a committee on medical standards, etc. These committees must have the continued and hearty support of every member of the Association. The officers of the Association must be willing to make reasonable sacrifices to promote the interest of the Association. They must be alert and active, always zealous in promoting its welfare. It may be necessary, as has been suggested by the Secretary, that a full-time executive be employed. To meet present-day needs we must be up to the minute. Such organization on our part will forever dispose of the constant threat of State and contract practice and earn for us the respect and esteem of all.

Gentlemen, my year as President of your Association has been most delightful, and I am very grateful for the distinguished honor.

*THE MEDICAL INSPECTION OF SCHOOL CHILDREN.

PERCY E. GILBERT, A. B. M. D., Ashland Maine.

The tendency in the practice of medicine to-day is to prevent disease rather than to cure it after it is once contracted. Since many of the chronic diseases and defects of adult life have their beginning in the neglect of conditions in childhood, it is of the utmost importance that the children of our State and nation should receive systematic examinations to detect these faults. If uncorrected, they seriously handicap the man or woman in his or her struggle for existence and lessen the enjoyment one derives from living. In a paper of this length it is impossible to more than touch upon the important things, for the medical inspection of school children takes one into all the varied branches of medicine and surgery.

There is no better method of estimating the place of a nation in

^{*}President's address, read before the Aroostook County Medical Society at Caribou, Maine, June 14, 1921.

civilization than to study its methods of bringing up its children, for the progress which any nation makes or fails to make is faithfully recorded in the history of the rearing of its children. The source of a healthy old age is health, preserved from a healthy childhood. We know that two of the most important foci of infection, resulting in serious disease are the teeth and tonsils, and to successfully prevent them these two sources of infection must be eliminated in the child.

When this country went into the World War and began the examination of the best of its man-power, under the Selective Service Act, it was brought home to the medical profession and the country at large that we had no such healthy body of young men as we had thought. Over one-third of the men examined were rejected, and it was found that twelve per cent, were unfit for any military service whatsoever. This fact is of particular interest to us, as physicians in Maine, for our New England States, with New York State, formed one of the two centers with the highest percentage of rejections. One New England State, Rhode Island, had the greatest number of defects per thousand men of any State in the Union, the rate being 842 defects per thousand. Another New England State, Vermont, came next in order, and Virginia stood third in the large number of its rejections. Massachusetts had 46 per cent. of its men rejected; only six States were worse off than it was. Maine had 51 per cent. of its men rejected. New England had the greatest number of rejections for defective teeth of any group of States, the defects being so gross as to cause rejection in about 70 per cent. of the cases. New England was also a center for malnutrition and underweight rejections.

There are 22,000,000 school children in the United States. Dr. Thomas D. Wood, of Columbia University, estimates that three-fourths of them have defects which are actually or potentially injurious to them as prospective citizens. Dr. William R. P. Emerson, of Boston, states that 20 to 40 per cent. of our children graduate from school with defects that seriously interfere with their ability to earn a livelihood. These two statements are my excuse, if any is needed, for bringing to your attention the systematic examination of school children.

The medical inspection of school children is not a new thing. It was first begun by Germany at Dresden, in 1867, when three physicians were appointed to examine the school children for contagious diseases of the eye. It was not until some twenty-two years later that systematic examination was practiced. In this country, Boston was the first city to cause an inspection to be made, which was done in 1894.

Massachusetts was the first State to pass a compulsory law requiring the examination. In 1895, Chicago appointed nine inspectors. New York City, in 1897, appointed 134 examiners, with a chief examiner at a salary of \$2,500 per year. There are now many States and hundreds of cities having some form of medical examination, either compulsory or optional. Virginia has gone a step further and passed a law requiring its teachers to receive instruction in school hygiene and health matters, and after 1925 no teacher will be granted a certificate to teach who has not had this instruction and also passed an examination satisfactory to State health authorities.

The medical inspection of schools was first begun to prevent the spread of contagious diseases and as such has proved a failure. It has had very slight, if any, effect upon the prevalence of measles, scarlet fever, diphtheria, whooping cough, mumps or any of the communicable diseases. However, a lay health officer in a suburb of Milwaukee instituted a system a few years ago which has met with success in this line. He had to combat opposition from all sources in the beginning, but now would meet with greater opposition if he did not carry it out, for the public have seen the benefit to themselves and the saving of the tax payer's money. He has the teacher send home at once any child who shows signs of a common cold, has a cough or any inflammation of the eyes. The child's home is placed under quarantine until an investigation can be made, and the child cannot be re-admitted to school until he presents a certificate from a physician stating that he is free from disease. The result has been that there have been no epidemics in his district and few cases of communicable disease, for they are caught in the beginning and confined to the one family. No school has been closed for some years because of communicable disease in this part of the city. Such a condition is ideal and it would profit any community to do likewise.

There has been much discussion as to who shall conduct the examination and how thorough it should be. It has been said that our teachers are our first line of defense in preventing the spread of contagious diseases. The teacher, too, brings to light the backward child, who in many cases is behind his fellows because of some physical defect. This is true, but our teachers must have more instruction in how to detect these things than they now have, in our own State at least. Before we can reach the ideal desired there must be many changes made in the courses given in our normal schools. Essential instruction in school health work must be given. The teacher should be given

the benefit of the social and community methods of the best hospitals, clinics and social workers. It is equally necessary that the school physicians and nurses should have the benefit of the special training available for teachers in universities, colleges and normal schools. The Virginia law, above mentioned, is a step in the right direction. Our Maine teachers now make an examination once or twice a year to discover defects of vision and hearing. It would not be a difficult thing to instruct our teachers in the early signs of the contagious diseases and have them make a daily inspection for them.

The examination for physical defects should be made by a physician, who should be a man interested in the work, tactful and have a fondness for children. Such a man can make his work easier because of these qualifications and learn things that another would not find at all in examining a child. The physician should examine the schools at least once in every school year, better at the beginning of the year than later. He should have an easily kept record to guide him in his work from year to year, that he may know how far his recommendations are being carried out and what results are being obtained. To examine a child, record his standing and recommend treatment to the parent or guardian is a simple matter, but when it comes to getting action from them, then difficulties arise.

It is here that a competent school or community nurse can show her worth. The nurse should assist at the examinations and help to keep the records. She can make routine class inspections herself to detect those who should be excluded, and see that these children consult a physician. She can also care for many of the emergency cases that occur among the children. A nurse can look after from 1,000 to 3,000 children, depending upon how the schools are grouped and the density of population. Although all this is very helpful, the real duty of a school or community nurse is to see that the children needing attention receive it. A tactful nurse, gaining the confidence of the parents, can convince them of the necessity for treatment and the carrying out of such recommendations as the physician makes. She can also assist in much of the work which has to be done for these children. In communities where there is no nurse it is found that only a small percentage of those children requiring treatment ever receive it after their examination. Where there is a competent nurse, statistics show that from 15 to 90 per cent, receive the follow-up work and attention advised. It is a part of the duty we owe our patients to encourage the employment of a school or community nurse.

As to how far one should carry his examination it is hard to say. Some States and cities have a law which forbids the physician to touch a child while making his examination. This, in itself, is absurd. Parents may object to an examination, and to do away with trouble from this source some places require that the parent or guardian give his written consent, upon a form provided for the purpose. Of course, many serious defects will be overlooked if a child is examined with his clothes on, but there are many reasons why the undressing of a child cannot or should not be done.

Personally, I have found that an examination comprising the following will give one a very good insight into the physical condition of a child, leave opportunity for more detailed work in special cases and offend no one. The name of the child, his age, sex and grade in school are written on the record card. The child is then weighed and measured, his height in inches recorded, making allowance for the weight of clothing and height of shoes. This gives the condition of his nutrition. The mouth is next inspected and the condition of the teeth and tonsils noted. A wooden tongue depressor, which can be thrown away after each case, is used to push the cheeks out so that the entire crown of the tooth can be seen. The nostrils are tested separately for obstruction. The lymph nodes at the angle of the jaw, the sides of the neck and beneath the chin are palpated and if enlarged the fact recorded. Any abnormality of the thyroid gland is also noted at the same time. The eyes are tested by the Snellen test types. The condition of the skin of the face and neck and the scalp are also recorded. The child is asked if he has been vaccinated and whether or not it was successful, the scar being inspected if need be. This examination can be done in from five to seven minutes, or even less time, if the teacher has previously filled in the name, age, height, weight, etc., of the child. Children seem to enjoy it and will co-operate with the doctor to hasten the work. A copy of examination card follows.

TOWN OF ASHLAND, MAINE

School Health Supervision

Pupil's Name Age Sex Grade Date of Examination
Parent or Guardian
Height Inches Weight lbs.
Nutrition

Teeth

Nasal Breathing

Tonsils

Lymph Glands

Eyes
$$\begin{cases} R \\ L \\ \end{cases}$$
Ears
$$\begin{cases} R \\ L \\ \end{cases}$$

Skin and Scalp Conditions

Vaccination

Defects Reported for Treatment

REMARKS:

The above is a report of the health condition of your child. If any defects are reported for treatment you are earnestly requested to consult your family physician or dentist, that he may advise as what is best to be done.

Many defects of childhood, if neglected, interfere very much with the happiness and usefulness of the man or woman.

As will be seen this takes up only the most obvious things, yet all of importance. Other defects noted can easily be written in on the cards used. After going over a child in this manner one has a very good understanding of his physical condition.

A few figures showing the prevalence of defects in our school children will show how vital to our national welfare is systematic work on this line. As has been said before, we have 22,000,000 school children in this country. Practically one per cent, 200,000, are mentally defective. Over one per cent., or a quarter of a million, have organic heart disease. Five per cent., or about one million, now have or have had tuberculosis in one form or another, while another million have defective hearing. Twenty-five per cent., which means over 5,000,000, have defective evesight, nearly all of which could be corrected by glasses. Actually, however, only a very small percentage of the children needing glasses are so equipped for their work. These two last mentioned defects, of evesight and hearing, are the most common causes of backwardness in children. Many of them are inattentive, slow to comprehend what is required of them in school, and no small percentage of them are stigmatized as mentally defective, when in truth they are as bright and as quick to learn as their fellows, if only this handicap could be removed. Some cities make provision for the furnishing of glasses at cost or free to the poor and those imable to pay for them.

At least twenty per cent., or 4,500,000 children, are undernourished, that is, the ratio of age, height and weight is not maintained. Any child who is habitually seven per cent. underweight for his height, should be classed as undernourished. In the case of these children steps should be taken to obtain co-operation between home, school and community to correct this. In many cases poverty is not the cause of malnutrition, as one might think at first glance. A child may have plenty to eat and yet it be food of such a nature that growth is not maintained. The proteins and vitamines of meat, eggs and milk are particularly essential to combat malnutrition. To these must be added plenty of sleep, fresh air and a rest period or two of fifteen to thirty minutes a day, preferably in the middle of the forenoon and just before the evening meal. Too rapid eating of food and the drinking of tea and coffee are also among the most potent factors in causing a child to be habitually underweight.

The problem of the undernourished child is one of the most important of any with which we have to deal, for it is from these undernourished children that the majority of our failures in after life are developed. With a little experience one can glance over a group of children, pick out the undernourished and make a fairly accurate guess as to the child's standing in his studies, and whether or not he belongs to that listless, inattentive, nervous type of child who goes a long way to make the work of the teacher irksome. The undernourished child does not stand erect, will not look one squarely in the face, is diffident, has a pasty, sallow complexion and his skin is loose and flabby. In short, he is not the lively, healthy, playful young animal that God intended he should be.

Besides insufficient or improper food, defects of the teeth, enlarged tonsils and adenoids are all important factors in producing this condition. If one wishes to see a demonstration of how much can be accomplished with one of these children in a short time, let him take one who has none of the defects needing correction, but who is simply underweight. The child should be weighed at the beginning and end of the two weeks in which one has him under treatment. Put the child upon a diet containing milk, butter, now and then an egg, meat and vegetables, and do not allow candy, pastry or any large amount of sweets. Insist upon ten hours of sleep in a room with the windows open, have the child lie flat upon his back in the middle of the forenoon

and again before supper for fifteen or twenty minutes. During this rest period he should be relaxed and have no reading matter, doll or other toy to take up his attention. This calls for no medicine, no expensive food, nothing one cannot obtain in the average home. At the end of two weeks again weigh the child, and in most cases the gain in weight will be remarkable; but still more noticeable will be the change in the child's appetite, his attitude toward his school work and his play. Of course, in a child who has enlarged tonsils, adenoids and poor teeth, the removal of these defects and then following the same regime will make an even more marked change. It is found that the undernourished child more easily contracts contagious disease than his heavier playfellow and does not as often make a recovery from it; neither does he withstand infection of any sort as well. Many of the cases of pulmonary tuberculosis developing from the eighteenth to the twenty-fifth year are from among this undernourished group. The need of taking them in hand is very evident when one considers that the children of today are to be the parents of to-morrow, and if they are not put in good physical condition we can easily see toward what end our nation is drifting, from a physical standpoint at least. Dr. Emerson, of Boston, a pioneer in the conducting of nutrition clinics and making a special study of this group, says that the undernourished child averages five defects per child. The conclusions he has reached and the work he has done are well worth the consideration of any physician.

A few words about conditions in Europe will help us to realize more fully how vital to our welfare as a nation is the problem of the undernourished child. England found, at the time of the Boer War, that over twenty per cent, of the young men volunteering for military service had to be rejected because of nutritional defects, directly traceable, to the same condition in childhood. This was especially true in the manufacturing districts. Steps were taken to remedy this and lunches furnished the children at public expense. The percentage of rejections for malnutrition was less in the World War. In fact, the ministry of public health in England have stated that the nutrition of English children improved markedly during the war itself. They attribute this to the larger wages paid, thus enabling the parents to purchase a more adequate diet.

It is not generally known that the malnutrition of its children and young men had a big influence in bringing Germany to terms in the fall of 1918. Secret inquiries were made by the German government as early as in 1916 to ascertain what effect the reduced diet was having

upon the growth of the children. In 1918 information reached London that the German insurance companies, after investigation, had secretly warned the government as to the failing health of the people, especially those of the growing age, and that it was causing a death rate greater than that of the military operations. Certain officials, high in the councils of the nation, forbade the making of further inquiry, lest the people learn the truth about conditions. This accounts for the poor physical condition of the young men called to the German colors during the last months of the war. An American commission, making an investigation in one of the cities captured from the Germans, found the children retarded two years in their growth. The lack of milk and butter was the chief cause of the malnutrition of the children, especially of those just under and entering upon the military age. The child at this time requires his greatest amount of food. Professor Lusk, of Cornell University, is authority for the statement that the food requirements of the adolescent boy are greater than those of the adult man.

Many communities are alive to the necessity of combating malnutrition. One town in New York State furnishes each undernourished child with a half pint of milk and a few crackers or a slice of bread at ten o'clock in the forenoon. This is regardless of the social condition of the parents. While some twenty per cent, of the nation's children as a whole are underweight, in some localities or schools it will run as high as 65 per cent. In my own work in Ashland I found the percentage just under fifty. The town of Brunswick found 302 children out of 415 weighed and measured to be underweight for height and age, being about 60%. Bangor gives a rate of about 30%, while Houlton shows less than 25%.

From 15% to 25% of the children in this country have diseased tonsils, adenoids or other glandular defects. This means that from 3,000,000 to 5,000,000 children are suffering from these. About 10% to 20% have weak foot arches, weak spines or other joint defects. From 50% to 75%, that is 11,000,000 to 16,000,000 children, have defective teeth. In some places this percentage rises to 98%. We all admit that a defective tooth is a potential, if not an actual cause of serious disease. Ten years ago, Osler made the statement that there was more physical deficiency in Great Britain from defective teeth than from alcohol. The foul, stinking tooth root of the adult, pouring its septic products into the blood stream, has its origin, many times, in the neglected tooth of childhood.

These figures show us that the physical condition of our school children is far from ideal, and a study of them reveals why so many of our young men were found to be unfit for military service by our examining boards in 1917 and 1918. Defects of teeth and eyes, diseased throats and underweight were the four leading defects found. It requires no scientific knowledge to know that the health condition of the child is of vital importance.

Now that we have considered the country at large, let us see how our State of Maine compares with these statistics. Early in March, a questionnaire was sent to the superintendents of schools in thirty-seven Maine towns and cities thought to have medical inspection of schools. Twenty-eight of these were returned, and in only twenty-two were examinations made. This, with the data on 306 children in my own town of Ashland, gives figures for twenty-three Maine cities and towns, showing the physical condition of 23,362 school children. The two largest cities in the State, Portland and Bangor, are included. Portland reported upon 5,975 children, the largest number, and the town of Charleston gave the smallest number, 88. This makes the data fairly representative of the State.

The following questions were asked, whole number of children examined, the number with defective teeth, underweight, with obstructed nasal breathing, with enlarged tonsils and adenoids, with defects of vision and hearing, with diseased skin or scalp, the number successfully vaccinated, and last, the whole number of defects found.

The replies show the chaotic condition of the work in our States and the total lack of any system in the work. On many of the most important things no report was made, the examinations not including those defects or organs. In the City of Portland the work is done by nurses only, and no scales are provided in the schools. Thus no report can be made upon underweight, one of the most important items. In all, ten cities and towns fail to report upon the weight condition. Two make no report of the condition of the teeth, the most common defect. Eleven make no examination for nasal obstruction. Enlarged tonsils are reported by all, and only one has no statement as to the presence of adenoids. Ten are silent as to the number of children having enlarged glands. Only one fails to report defects of vision, while three say nothing as to the hearing. Another very important item is omitted altogether by fourteen, and that is as to whether or not the child has been vaccinated. In only four of the twenty-three towns is vaccination required of all pupils. To put this matter of vaccination in a little different way, of the nine towns reporting only 4,100 pupils out of 5,572 have been vaccinated. That is, only 15% of the total number of pupils have been protected against smallpox. This is a serious oversight, for smallpox is rapidly on the increase in our country. Figures from fifteen States for the five-year period, from 1916 to 1920 inclusive, show an increase in fourteen of the States. Massachusetts only has a decrease, thirty-two cases in 1916 and only twenty-nine in 1920. Pennsylvania had an increase of 120%, the lowest, while California had more than twenty times as many cases in the last year than the first, being the greatest increase in the country.

To return to my figures, we find that in 23,362 children there were recorded 18,094 defects, practically 75% of the children having some fault requiring correction. This does not give the true condition of our children for the reasons stated above, namely, the lack of reports on many points. They are more favorable, too, because certain of our cities have a larger foreign population than those given, especially of French Canadians, and it was found by the draft examiners that those States having many of this nationality had a higher percentage of defects and rejections than those that did not. Had we data upon the whole number of school children in our State, 232,059, it would look much worse.

Of the 9,562 weighed it was found that 2,959 were underweight, being thirty per cent., or half again as many as the country at large gives. The teeth of 6,831 were found defective, among 19,208 children, being more than 33% in Maine against at least 50% in the United States. Our draft showed that while the facilities for treatment were not as good, the rural regions, as a rule, had better teeth than the urban. There were 4,497 cases of enlarged tonsils, adenoids and enlarged glands combined out of 23,362, a trifle under 20%, which shows Maine to be about the same as the rest of the country for these defects. Out of 21,928 children reported there were 2.101 with defective vision, not quite 11%, which compares favorably with the whole nation, which has 25%. There were 644 with defective hearing out of 12,440. This is practically the same percentage the whole country gives, viz., 5%. Dr. Moulton, of Hartland, Maine, found only one perfect child out of 455 which he examined in his own and two adjacent towns. The table follows:

TABLE !.

	CHIMINITY.	Under Weight.	Defective Teeth.	Nasal Breathing.	Enlarged Tonsils,	Adenoids.	Enlarged Glands,	Defective Vision.	Detective Hearing.	Sealp Diseased.	Vacci- nated.	Total Defects.
	129	30	28	No report	12	10	No report	12	7	7	No report	95
	164	48	586	18	163	18	90	83	14	42	89	683
	76	4	19	-	19	7	3	7	7	П	12	57
	3023	963	502	No report	122	134	٠ د	178	56	44	No report	1975
_	205	No report	77	No report	30	67	No report	12	2	2	205	152
-	111	81	61	No report	24	23	No report	12	0	4	No report	205
Hartland,	218	140	92	No report	36	41	No report	23	20	1	No report	322
Palmyra,	116	. 87	52	No report	36	32	No report	11	1	2	No report	221
Parkman,	109	No report	31	3	6†	3	No report	S	S	No report	No report	96
Guilford,	331	15	85	36	87	36	23	7	С	0	No report	323
Houlton,	1356	363	33	No report	123	123	79	7	No report	14	No report	722
Waterville,	1971	No report	745	10	35	87	14	342	767	56	1971	1524
Portland,	5975	†No report	2911	No report	343	343	No report	248	No report	228	No report	4073
Bath,	1717	969	No report	No report	352	61	No report	274	7.4	No report	No report	1445
	936	No report	370	s	102	31	18	108	37	12	No report	989
Farmington,	463	No report	274	No report	202	202	16	131	1 9	38	463	927
Gardiner,	658	No report	152	30	41	20	18	86	30	19	658	40S
Jay,	531	No report	82	11	11	11	x	50	12	3	370	188
Rumford,	2157	No report	No report	346	349	349	No report	179	79	No report	No report	1252
Charleston,	88	No report	45	24	21	24	13	2	S	0	No report	180
Brunswick,	1154	302	370	No report	106	106	No report	No report	No report	No report	No report	884
Ashland,	306	152	129	57	163	No report	92	88	35	10	160	710
Winslow,	650	78	200	No report	105	06	3	150	S	35	193	996
7	23362	2959	6831	547	2531	1701	265	2101	644	515	4100	18094

*Number weighed. †No scales provided in schools.

The analysis of these figures does not give us residents of Maine anything to be proud of, for our children are shown to be only average from a physical standpoint, if they are even that.

It is to be hoped that a more uniform system will soon be inaugurated in this State. A new physical education law goes into effect this coming school year. Our State Superintendent, Dr. Thomas, has written me that it is his intention very soon to call a meeting of the school physicians from all towns and cities, having medical inspection of their schools, for the purpose of getting together on uniform methods of work and records. He will then issue a bulletin with complete instructions for physical education, medical examinations and school nurses.

There is great need of it in Maine if the State is to continue to raise up the same sturdy stock it has in the past. Our modern educational system makes it more necessary than ever before, for pupils are driven through our schools at high pressure, which adds to the burden already borne by the underdeveloped and delicate child. The modern city high school of to-day is but little below the standard of the small college of twenty of twenty-five years ago. To be able to prepare for this work and to succeed in it the child must be physically fit.

I realize how incomplete has been my presentation of the subject of the medical inspection of school children, but I feel that there is no better field for preventive medicine to-day than this same work; getting hold of the child, making him as near physically fit as we can, and then instructing him how to keep so. A standardized program of health examinations and care of school children is needed, for upon it depends both national safety and national progress.

REPORT OF DELEGATES TO AMERICAN MEDICAL ASSOCIATION.

By BERTRAM W. BRYANT.

The work of the A. M. A. covers such a wide field, and the reports of its committees have become so voluminous, that it is impossible for your delegate to report all matters under consideration of interest to our State Association, so again this year I shall make a short report of those matters under consideration which are of more vital interest and which apply more closely to the work of building up our own Association.

It would be of great value and interest to our component Associations if the secretary of the A. M. A. would publish each year, for the distribution to the State and county societies, a résumé of the most important work and findings of the different councils and the final actions of the House of Delegates. It would very much assist your delegate as a supplement to his reports, which could be read and discussed at the different county societies. This would give all a better understanding of what the A. M. A. is trying to do for the whole medical profession. I am glad to report along the same line that the Association recommends the employing of field secretaries, a part of whose duties shall be to visit the different State Associations and get into personal contact with the various State and county societies. Your Secretary has felt the need of this kind of work for a long time and is gratified to find that there is a possibility of it being brought about in the near future. Over half of the members of the A. M. A. are physicians in small towns and country districts, with problems peculiar, and up to now very little understood by the central organization. All medical matters of local interest should be referred by the various councils to the State associations for opinion and advice. A concrete example was our Medical School, a problem of intense interest to our State Association. We were consulted in no way by the Council of Medical Education, and our first knowledge of the condemnation was through public reports. The time limit was so short that it was impossible to make proper plans for re-organization, and an extension of time refused. It is interesting to note from their own reports that one of the requirements so arbitrarily stressed, that of full-time medical instructors, is not working satisfactorily, and sooner or later will have to be modified or disregarded altogether for satisfactory medical instruction.

Another recommendation for better organization is the full-time State secretary. For efficient work this is bound to come. In large associations the matter of salary can be easily met. In smaller associations, like our own, I should suggest to the A. M. A. that they consider the possibility of financial help, and a model for efficient organization in the near future. One of the problems of the country physician recognized by the Council is the need of post-graduate work. Dr. Work introduced a resolution, which was referred to the Board of Trustees.

Resolved, That the House of Delegates authorizes the Board of Trustees of the A. M. A. to set aside the sum of \$100,000 for graduate teaching. That foundations interested in medical progress be requested to supplement this fund with \$100,000 for the same purpose. That State societies be asked to contribute a sum of \$50,000 pro rata per capita membership in the respective State societies to be converted into a common fund for graduate teaching in States, this fund to be administered by the Trustees and representatives of the Foundation through paid full-time State secretaries.

Another suggestion for the help of the country doctors is the establishing of small community hospitals equipped with X-ray plants and laboratories for aid in better diagnosis.

It is recognized that the course in medical schools have become too highly specialized and that the graduates are no longer fitted to be general practitioners, and if this continues the backbone of medicine, the general practitioner, will go out of existence. It is suggested that the curriculum be so changed that after the first two years separate courses be given, one for the more technical and highly trained specialist and the other more adapted to the general practice of medicine.

The value of alcohol in medicine was referred to the Council of Pharmacy and Chemistry to report at the next meeting. The following resolution was passed:

Whereas reproach has been brought upon the medical profession by some of its members who have misused the law which permits the prescribing of alcohol, therefore be it

Resolved, That the A. M. A. now expresses its disapproval of the acceptance by a small minority of the profession of the position of being purveyors of alcoholic beverages.

Many resolves were presented in attempts to define State medicine and considerable discussion was aroused. The final resolve of the Committee on Legislation and Public Relations was passed:

Resolved by the House of Delegates of the A. M. A., that it approves and endorses all proper activities and policies of the State and Federal governments directed to the prevention of disease and the preservation of the public health.

As regards public health work in general, the Council found so many questions involving the organization of the public for health work that it seemed desirable to call a meeting in Chicago, this fall, of all the officers of the A. M. A., the State and county societies, together with the officers of the various public health associations, the House of Delegates and all others interested, to discuss the situation, and formulate. if possible, a plan for general health work. It was the general opinion that all State health work should be under the direction of the medical profession. To rapidly accomplish the result in this State, I would suggest the appointing of a committee of public health which should be made up of those physicians now holding offices in public health associations, and that this committee should have the oversight of all public health organizations and report at the next meeting a plan for their organization and control. All the men holding positions in these associations are prominent members of our Association and through them, as a committee, we should be able to control their activities.

To help educate the public properly in health matters, the Board of Trustees were asked to consider the publication of a popular health journal, to be sold by subscriptions and on the news stands. As soon as the new printing office of the A. M. A. is finished the publication will be undertaken.

It was very gratifying to see the number of our members present at the Boston meeting. One hundred thirty-one registered from the State of Maine.

*RFPORT OF COMMITTEE ON VENEREAL DISEASES AND THEIR PREVENTION.

Mr. President and Members of the House of Delegates:

The Committee on Venereal Diseases and Their Prevention makes its tenth annual report.

The Committee desires to express appreciation of its loss in the death of Dr. R. A. Holland, who was appointed on the committee in 1914, and served until his death. Dr. E. E. Holt, a former member of the committee, has been appointed by the President to serve in the place of Dr. Holland.

^{*}Presented June 27, 1921.

The work of the committee during the past year has followed the same lines as in previous years.

The plan of former years has been continued, of obtaining from school superintendents in various parts of the State the addresses of fathers of boys of grammar school age. Individual letters, with the pamphlets of information issued by the American Medical Association, were sent to these fathers. The letter was usually worded somewhat as follows:

"My dear Sir:

Under separate cover, our committee is sending to you a small pamphlet dealing with sexual hygiene for boys. It is the belief of the committee that much venereal disease would be prevented if boys were familiar with the facts set forth in this little book. Therefore, we ask you to read its pages carefully and then decide whether or not it contains truths which you think your boy should know. If you conclude that it may benefit your boy to have these facts from a reliable source rather than to depend for such information on what he inevitably learns from his playmates and elsewhere, will you not prepare him for the pamphlet by a few well-chosen words and then let him read it or give him the necessary instruction in whatever way your judgment dictates? Possibly you may prefer to ask your family physician to undertake this task for you.

"If you have already taught your boy all you think is necessary, you will of course disregard this letter and pamphlet. If, on the other hand, you do not agree with our views, will you help us by writing frankly your criticism to me.

Very sincerely yours,"

The pamphlet used in this work is "The Boy's Venereal Peril", published by the American Medical Association. Dr. Belfield's pamphlet has also been used.

(2). The work of sending letters and literature to the members of the National Guard of Maine has been continued by your committee during the past year. The committee has received letters of appreciation from General George McL.Presson and other officers in the National Guard. The following is a copy of a letter from General Presson under date of May 28, 1917.

"In reply to your letter of May 24th, referring to the the work of the Maine Medical Association on venereal diseases, I beg to state that I wish to congratulate you on the work that was done by your committee in the 2nd Maine Infantry while on the Mexican border. The results were something wonderful. When the 2nd Infantry was mustered out on the return from the border, a physical examination showed out of 1,000 men only four cases of venereal disease were discovered. This I consider was partially, if not fully, due the work of the committee of the Maine Medical Association, and I hope the people of this State will appreciate this valuable service that is being done and that you will be able to raise funds to continue the work. It certainly has the approval of this department, and again I want to congratulate you on your wonderful success."

(3). A third activity of your committee has involved the distribution of the Belfield pamphlets and other similar literature among the young men graduating from the high schools and academies of the State and contemplating a college course. It is the feeling of your committee that such men are likely to be leaders, and that it is well to have these facts placed before them before entering upon a college course.

While the foregoing activities have constituted the main work of your committee, there have been many minor activities that have been carried on. Your committee has been careful to attempt no reduplication of the work of the State Health Department or the Maine Public Health Association. The field is broad and there is much work to be done. With the funds available, the activities of this committee must be very limited. In the aggregate, however, the work of the committee during the last ten years has been considerable. Nearly 35,000 letters and pieces of mail matter have been sent out and hundreds of letters of commendation have been received, many of which have been incorporated in previous reports.

The committee asks to be continued and that the usual annual appropriation of twenty-five dollars be granted.

F. N. WHITTIER, A. L. STANWOOD, E. E. HOLT.

Following is the financial report for the year ending June, 1921.

RECEIPTS.			
Maine Medical Association,	\$25.00		
Bowdoin College,	50.00		
Interest, Prince A. Morrow Fund	72.00		
Interest. Savings bank deposit,	4.46	•	4
			\$151.46
Balance on hand, June, 1820,			279.65
			\$431.11

EXPENDITURES.

Printing	\$27.25-	-Voucher	r Grou	p 1 a-b
Publications,	23.00	**		2 a
Stamped Envelopes	42.44	**	b 4	3 a-b
Clerical Work,	20.11	+ 4		4 a-b
1.000 copies "Sexual Hygiene,"	20.00	**	. 6	5 a
Express,	.92	6 B	+ 6	6 a

\$133,11

Balance on hand June, 1921, 297.39

\$431.11

Respectfully submitted.

F. N. WHITTIER.
A. L. STANWOOD,
E. E. HOLT.

Approved and commended.

JOHN F. THOMPSON, W. E. KERSHMERE, F. H. BADGER, E. V. CALL.

USES OF ULTRA-VIOLET RAYS IN DERMATOLOGY.

By Royce B. Josselyn, M. D., Portland, Me.

The following is a brief outline of the uses of these rays. The ultra-violet light is the remedy of choice in certain skin diseases, which heal more conveniently and quicker when thus treated than when treated by other means. Some skin lesions which require the long continued use of lotions, ointments, etc., may be speedily cured by the use of the ultra-violet rays, and with less scarring.

Good results have been obtained in acne vulgaris, especially in the milder cases, for which it is used. In severe acne the X-rays would be preferable. It would seem unjustifiable to employ the X-rays to the face for mild acne in so far as we have so efficient an agent at our command as the ultra-violet rays.

In the treatment of senile and premature alopecia the results are very good at times. In conjunction with other remedies (to be used by the patient), it is a useful adjunct in these conditions. Women respond more readily than men. Falling hair and seborrhæa may be successfully treated in practically all cases.

In lupus erythematosus and lupus vulgaris the results have been disappointing, although certain observers claim good results with the light. The X-rays seem to be the preferred remedy, particularly in lupus vulgaris.

In alopecia areata new growth of hair may be stimulated, although it is well to bear in mind that this is a capricious disease and frequently gets well without any treatment. Cases of long standing have appeared to have been stimulated by the ultra-violet light.

Gratifying results have been reported in varicose ulcers, even without bed treatment, and equally good results are reported for tuberculous glands and sinuses, and erythema induration. In T. B. cases, with extensive glandular involvement, X-ray treatment or surgery would be preferable.

Chronic eczema, psoriasis, and keloid respond more readily to X-rays.

Chronic furunculosis, rosacea, and folliculitis respond with very little scarring to ultra-violet rays.

Tuberculous glands, indurated acne, sluggish furuncles, and "port wine" stains especially require pressure with a quartz lens to produce a temporary ischemia, thus permitting the penetration of the rays through the skin. In cases requiring a prolonged pressure application, a blue quartz screen 3 m.m. in thickness is useful in cutting out the particularly irritating rays, thus lessening the surface reaction.

Occasional failures in "port wine" stains have been caused by a deposit of carbon in lamp, insufficient pressure and too short exposures. "Port wine" stains which lose their color on pressure are more amenable to treatment than those that do not. Parts that are not to be treated should be screened with adhesive plaster or black cloth.

Ultra-violet rays penetrate air, water and quartz, but will not readily pass through glass, thus rendering many of the small commoner types of ultra-violet tubes useless unless the effect desired be psychic. The mercury vapor quartz lamp seems to be the best means of obtaining these rays.

For superficial conditions requiring a moderately mild erythema a distance of four inches with two-minute exposure is sufficient. Time and distance would vary with the type of apparatus used.

From the above it could be concluded that the X-rays would be a more valuable agent in many diseases, although in certain conditions the other has its place in dermatology.

June 29, 1921.

JOURNAL OF MAINE MEDICAL ASSOCIATION

Editorial Staff.

DR. JAMES A. SPALDING, Portland. DR. BERTRAM L. BRYANT, Bangor.
DR. F. C. TYSON, Augusta. DR. C. J. Hedin, Bangor.
DR. A. S. THAYER, Portland. DR. L. D. BRISTOL, Augusta.
DR. T. E. HARDY, Waterville.

Dr. Frank Y. Gilbert, Managing Editor, 148 Park St., Portland.

County Editors.

DR. S. E. SAWYER, Lewiston.
DR. F. E. BENNETT, Presque Isle.
DR. HAROLD J. EVERETT, Portland.
DR. G. L. PRATT, Farmington.

Dr. A. L. Jones, Old Orchard.
Dr. S. J. Beach, Augusta.

DR. D. M. STEWART, South Paris.
DR. H. D. McNeil, Bangor.
DR. C. C. Hall, Foxcroft.
DR. R. C. Hannigen, Bath.
DR. H. W. Smith, Norridgewock.
DR. G. A. Neal, Southwest Harbor.

DR. F. H. WEBSTER, Rockland.

Editorial Comment.

THE FAIRFIELD CLINIC.

The program of the second annual clinic for physicians at Fairfield has been sent out to all members of the Association. This meeting, though held at the Sanatorium, will include not only tuberculosis but also the allied subjects of syphilis and cancer. The general plan follows, with a few changes from that of the first clinic held last summer. The first of its sort in this country, it attracted nation wide interest and elicited much commendation. It drew an attendance of some hundred and twenty-five persons, mostly physicians, and proved highly profitable.

These meetings constitute the first attempt at postgraduate medical instruction in Maine, in fact the only opportunity for medical study now that the Bowdoin Medical School has closed. The teaching is of the highest possible grade. Dr. Edward O. Otis, Professor of Pulmonary Diseases and Climatology at Tufts Medical School, an international authority, with Dr. Samuel Ellsworth, Roentgenologist for the Boston City Hospital, will direct the work morning and afternoon for the entire five days.

The evening lectures are by well-known specialists, selected both for their learning and their ability to impart. Dr. James A. Miller, of New York, President of the National Tuberculosis Association, is both an authority and an inspiring speaker. Dr. Frederick T. Lord, of the Massachusetts General Hospital, who speaks on "Non-tuber-

cular Chest Lesions," will be remembered from his lecture last year, which alone was said to be worth all the time put in at the conference. Dr. Robert Greenough, of the Harvard Medical School and Brigham Hospital for Chronic Diseases, where he has charge of the radiology, will speak on "Cancer." Dr. Otto Lowy, of the United States Public Health Service, has by special request been detailed to repeat his remarkable instruction in the technique of administering arsphenamine. The staff of the hospital, with Dr. F. C. Thayer, Dr. F. T. Hill, and Miss E. L. Soule, will conduct other demonstrations.

The Maine Public Health Association is co-operating with this Association and with the Sanatorium Trustees and the State Department of Health in presenting this opportunity without expense, not only to all physicians, but also to nurses and public health workers.

The continuation of this clinic is a credit to all the organizations associated with it, and to the committee, of which Dr. T. E. Hardy, of Waterville, is chairman. Plans have been under consideration for similar meetings in other population centers. If they materialize it will be the first step to retrieve the ground lost by discontinuing the Medical School.

COMMITTEE ON PUBLIC RELATIONS.

Although no system of State medicine has ever accomplished the good that its advocates promised, some methods have brought relief to many who would otherwise have gone without. In the public mind this fact outweighs the argument that such wholesale treatment is often crude, and at times even harmful. To be sure, the suspicion is gaining ground that the net result has been to lower the pay of physicans, resulting in an inferior grade of work from poorly qualified men, yet until some better alternative is offered by our profession, health insurance, State clinics and medical panels will inevitably extend until some sort of service is open to all sufferers. The public demand is insistent. In this State it was aroused by the tuberculosis crusade, and during the war was re-awakened by the revelations of the ravages of venereal disease. To-day child welfare, nutrition and prenatal work have a continuous and well deserved appeal. As a result, lay health organizations are undertaking to supply these needs which an apathetic medical profession is neglecting. Although much good is accomplished, it is inevitable that lost motion, duplication of work, misdirected effort, and abuse of charity should at times cause misunderstandings with local physicians. Whichever side is at fault, the result is equally unfortunate, and as the work extends the opportunities for friction must increase.

Armour and Company announce the addition of the following preparations to their list: Suprarenal Cortex, Suprarenal Medulla, Placental Substance.

Physicians desiring to use these products may get them from head-quarters for the organo-therapeutic agents.

CONVENIENT

A Complete Food

Requires Neither Cooking Nor the Addition of Milk

"Horlick's"

The Original Malted Milk

Obviates many of the difficulties that are generally connected with the prescribed feeding of infants.

Easily prepared to meet the changing needs of the individual infant.

Very reliable—prescribed by the medical profession for over one-third of a century.

Avoid Imitations

Samples and Printed Matter Prepaid

HORLICK'S

Racine, Wis.

Physiotherapy

The remarkable results secured in the treatment of our wounded soldiers by the various physiotherapy methods used in the U. S. Reconstruction Hospitals have attracted national attention. The value of physiotherapy has been so clearly demonstrated that the U. S. Government has equipped many of the U. S. Public Health Service Hospitals with apparatus for use in physiotherapy.

Leading physicians now realize that physiotherapy can be of great assistance to them in their general practice. It has shown its value particularly in a large number of chronic conditions, and also in the treatment of occupational injuries received by mill workers and artisans of various kinds.

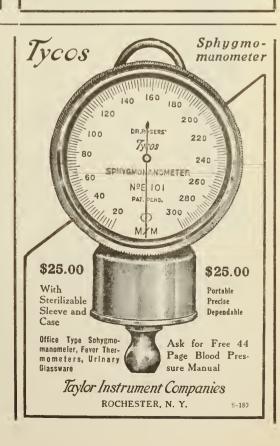
The Thompson-Plaster Electrical Cabinets supply many of the modalities used in physiotherapy. Write for our booklet "Electrotherapy in the Abstract," which explains the value of these modalities and gives the technique for their application.

Clapp Anderson Co.

Specialists in high quality X-Ray and
Electro-Medical Apparatus
120 Boylston St. Boston, Mass.

P. J. FRANCIS

83 Belmead Road, Portland, Me. Maine Representative



It is with the hope of finding a remedy for this and like conditions that the new Committee on Public Relations has been created. It includes representatives of the different health activities of the State who are also interested in the work of this Association. Dr. S. J. Beach, Portland, Chairman, Dr. T. E. Hardy, Waterville, and Dr. E. D. Merrill, Foxcroft, of the Maine Public Health Association; Dr. R. D. Small, Portland, and the Health Commissioner, of the State Department of Health; Dr. B. L. Bryant, Bangor, Secretary, and Dr. F. Y. Gilbert, Portland, Editor, of this Association. The committee has already organized and has been appointed by the Maine Public Health Association as its Medical Advisory Committee. This is an important step, as most of the lay health activities of the State are linked up with this organization. In this way an unusual opportunity is afforded to ascertain the actual needs and possible remedies.

In Maine we have not only the wretchedness of the poor in congested centers, but also to contend with the lack of physicians in sparsely settled districts, with the complications of midwives and county nursing. Grave problems confront the Association, and the JOURNAL bespeaks for the committee the co-operation of the entire profession. If these matters are not settled by medical men for the best interests both of the profession and the public, they will be settled in spite of us to the detriment of both.

By Surgical Dressings

Absorbent Cotton
Gauze Bandages
Adhesive Tape
Surgeon's Soap
Surgical Lubricant
Formaldehyde Fumigators
Etc., Etc.

We Insure Sterility

B&B Sterile Surgical Dressings are sterilized, of course, in the making.

But we so further—we sterilize again after wrapping. This is done by modern apparatus, with live steam following a vacuum.

Then we make constant incubator tests, using center fibers, to prove the products sterile to the core.

This applies to B&B Cotton and Gauze in every form and package.

These products come to you utterly

sterile if the package is intact.

That is one example of the B&B super-standards. In some way they bring you unique excellence in every B&B product.

All are produced by masters, in a model laboratory. Each is the result of 27 years of aiming at perfection.

Try B&B Adhesive—one fine example of what we have done.

BAUER & BLACK

Chicaĝo New York Toronto
Makers of Sterile Surgical Dressings and
Allied Products



Truly germicidal. Phenol coefficient of the 1% soap is 51.98. One cake represents the germicidal power of six pounds of carbolic acid.

Sent Free for a Test

We will send a tube of B&B Surgical Lubricant to any surgeon on request.

You will find it the ideal lubricant. Perfectly sterile, for we sterilize after sealing. Mildly antiseptic, without being irritating.

Water-soluble, so one may use it freely on instruments, gloves and hands. Non-corrosive and non-staining. Plain water removes it from clothing and bedding.

It contains no grease to soil.

Besides being a lubricant it is also an emollient. It is an excellent application for burns, skin eruptions, ivy poisoning, chapped hands, etc.

Send the coupon for this example of B&B efficiency.



BA	UER	83	BL	A	CK

25th and Dearborn Sts., Chicago

I am not acquainted with B&B Surgical Lubricant. Please mail me, without charge, a full-size tube to try,

 		****************	*********

NEW AND NON-OFFICIAL REMEDIES.

During June the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

The Abbott Laboratories:

Saligenin.

Armour & Co.:

Suprarenalin Base. Suprarenalin Ointment.

E. Bilhuber:

Santyl Capsules.

The Calco Chemical Co.:

Amidopyrine—Calco.

Hynson, Westcott & Dunning:

Tablets Mecurochrome 220—Soluble.

H. A. Metz Laboratories:

Orthoform.

Winthrop Chemical Co.:

Mesotan.

Non-proprietary Articles: Amidopyrine.

"Summer Diarrhea"

Clinical Reports of its Successful Treatment with

Bacillus Lactis Bulgaricus

As Presented In

Bulgara Tablets

Worthy of Investigation

Reprints, Bacteriologic Endorsements, and Other Information Upon Request.

Hynson, Westcott & Dunning

Pharmaceutical Laboratory
BALTIMORE - MARYLAND

TRY

LANGTON RX OPTICAL WORK

With thoroughly efficient men and the best quality lenses at your command there is no reason why your prescriptions should not be satisfactorily filled.

Give us an opportunity to prove the high standard of Langton Service. It costs no more.

C. A. L. Langton

Manufacturing Optician 419 Boylston St.

Boston, Mass.

Boralol

ANTISEPTIC NON-ALCOHOLIC EFFECTIVE NON-TOXIC COOLING ECONOMICAL

TO BE DISSOLVED IN WATER

T is Prophylactic, Cleansing, Cooling, Non-Toxic, and produces no irritating reaction upon the mucous membranes when used according to directions. ¶As a Mouth Wash and Gargle, its Alkaline properties effectively prevent the fermenting deposits upon the teeth, and the foul odors of Dental Decay. Catarrhal Conditions are immediately relieved by its use.

The absence of alcohol or coloring matter of any kind renders it safe and economical and gives the patient and practitioner much more effective Alkaline medication than can be obtained in the ready made liquid compounds. Best results are obtained by dissolving in hot water.

Ask For Sample - COOK, EVERETT & PENNELL, - Portland, Maine.

Oculists Prescription Work

THE SMITH-SOMES CO.

OPTICIANS

578 Congress Street

Portland, Maine

Physicians' and Surgeons' Liability Insurance.

We are authorized to make this offer specially to the Maine Medical Association:—

A Comprehensive Physicians' and Surgeons' Liability Policy with Indemnity Limitations of \$5,000 and \$15,000. The premium is \$25.00, and the company is one of the strongest in the world—The Hartford.

PRENTISS LORING, SON & CO. 406-407 Fidelity Bldg., PORTLAND, ME.

Philip Q. Loring

William A. Smardon



Infant Feeding

Diet Materials

CHOOSE THE BOTTLE BABY'S FOOD CAREFULLY AND IT WILL GENERALLY BE MEAD'S DEXTRI-MALTOSE, COW'S MILK AND WATER

You would not send your patient to a drug store to ask the druggist to mix up "something for rheumatism," would you?

YOU WOULD WRITE A PRESCRIPTION

Consider the Baby. Infant Feeding means an INDIVIDUAL formula, too. The physician's prescription for the right proportions of MEAD'S DEXTRI-MALTOSE. Cow's Milk and Water, gives gratifying results.

Literature and formulas sent to Physicians only.

THE MEAD JOHNSON POLICY

Mead's Infant Diet Materials are advertised only to the medical profession. No feeding directions accompany trade packages. Information regarding their use reaches the mother only by written instructions from her doctor on his own prescription blank.

MEAD JOHNSON & COMPANY EVANSVILLE

Treat Hay Fever With Suprarenalin



SUPRARENALIN is the remedy in Hay Fever. It may be administered locally, internally or hypodermatically.

Locally-Solution and ointment are applied to affected parts.

Internally—Solution should be given, so that the patient will get from 1-70 to 1-10 of a grain; the dose repeated in from 10 minutes to 2 hours, according to effects.

(Let the patient hold Suprarenalin in the mouth for awbile, as the best systemic effects are got by absorption through the membranes.

Hypodermatically-Suprarenalin Solution is in-

jected into the arm or neck.

Suprarenalin is recommended in Hay Fever in various forms. Herewith are suggestions made by men of authority.

men of authority.

One recommends using solutions of varying strengths from 1:10,000 to 1:1,000 made up with normal salt solution. To sustain the relief to some extent, he suggests spraying over the constricted mucous membrane a 5 grain to the ounce solution of menthol in albolene, benzoinol or other light oil.

Another uses Suprarenalin Solution in strengths varying from 1:10,000 to 1:1,000, applying these locally to the conjunctiva and nasal membranes. He

also suggests the following combinations which are snuffed into the nasal passages or insufflated by means of a nasal blower.

1.		1 part
		00 parts
	Heavy Magnesium Carbonate90	0 parts
	Mix Triturate well.	
2.	Suprarenalin	1 part
	Zinc Oxide10	() parts
	Bismuth Subcarbonate40	

	Mix'	Triturate i	well.	
3.	Suprarenal gland s	substance		1 part
	Zinc Stearate			20 parts
	Zinc Oxide			

	Mix Triturate well.	
4.	Suprarenalin 1 part	
	Bismuth Subcarbonate	
	Zinc Oxide300 parts	
	Zinc Stearate	

Mix Triturate well A prominent nose and throat specialist recommends:

Cacainæ hydrochloridi	15	or grs	iiss
Sodii boratis	30	or grs	s. v-
Suprarenalin Sol. (1:1,000)	4	or 3 _	i
Glycerine	2	or 5	z ss
Aqua Camphoræ ad 3	0	or	3 i
M Sim Han as a spray to	the no	se four	or five

times daily or oftener if needed. Suprarenalin Solution 1:1,000 (Armour) is stable, uniform, non-irritating and is free from chemical preservatives.—Literature to Physicians.

ARMOUR & COMPANY **CHICAGO**

5988





